

# Family and Children's Dentistry Total Care Plan

## Dentistry With A Lott Of Love – Love the Dentistry, Love the Cost!

The Total Care Plan is the perfect alternative to dental insurance, exclusively offered at Family & Children's Dentistry. It is the all-in-one plan that is designed to help members without dental insurance. With one low annual membership fee you will receive immediate benefits and discounts on all of your oral care.

We can get you started right away!

### Discounts you receive:

Preventive Dental Care	30%
Pediatric Dentistry	25%
Basic Restorative Treatment (Fillings)	25%
Major Dental Care (Crowns)	25%
Periodontics (Deep Cleaning)	25%
Oral Surgery (Extractions)	25%
Endodontics (Root Canals)	25%
Dentures and Partials	20%
Orthodontics (Braces)	20%
Toothbrushes, Floss and other Aides	10%

### Members enjoy the following:

- One FREE examination and routine x-rays per year for each member
- On-the-spot savings
- No deductibles and no annual maximum
- Unlimited usage towards treatment
- One low annual membership fee
- Good for the whole family

## No waiting. No red tape. Simple, straight forward savings.

You to save from day one and discounts are applied automatically every visit!

Total Care Plan Membership Fees**	Preventive Care Visit	Regular Service Fee*	Total Care Fee*
	Individual Plan: \$60	Comprehensive Exam	\$72
Family Plan: \$90	Complete series of x-rays (FMX)	\$109	Free <sup>1</sup>
	Prophylaxis (Regular Cleaning)	\$82	\$57
	Fluoride	\$41	\$29

\*Fees may vary and are subject to change without notice.

\*\*Membership is active for twelve (12) months from enrollment date and membership fees are non-refundable.

<sup>1</sup>One free examination and set of x-rays per year per member.



**404 • 349 • 7777**

2440 Fairburn Road, SW • Atlanta, GA • 30331  
[www.FamilyAndChildrensDentistry.com](http://www.FamilyAndChildrensDentistry.com)

**The Total Care Plan is not insurance.**

Additional discounts are not valid on any sale or promotional items or services.

Patient must be 18 years or older to sign up for the program.

Discounts are not available on Vizilite Screenings, Arestin, and some cosmetic services.

This plan is not valid with any other additional insurance and cannot be used for injuries covered under Worker’s Compensation or under automobile, medical, no-fault, or similar insurance; nor hospitalization or hospital charges of any kind.

This plan can only be used at Family & Children's Dentistry and cannot be used towards referrals to specialists outside of Family & Children's Dentistry.

**\*\*FOR ORTHODONTIC TREATMENT:** Patient must remain an active member of the Total Care Plan for the duration of treatment. One orthodontic treatment plan consists of twenty-four consecutive months of active treatment on average. If the plan is not active for the duration of treatment, additional fees will apply. Patients may be subject to additional fees as specified in the orthodontic office policy supplied at the start of treatment. Fees resulting from excess wear and tear, improper diet, lost or broken appliances, poor hygiene, or failure to follow office policy will not be discounted.

Discounts will be reflected on the treatment plan and payment of remaining fees is due at the time of treatment. Payment plans are available for fees in excess of \$500. Specific arrangements will be determined on a case-by-case basis. Patients must remain current and in good standing on all payment arrangements in order to retain the discount. Delinquent accounts will be subject to additional fees including, but not limited to: service charges, late fees, collection costs, and loss of discount.

Treatment must be started prior to the expiration date of the Total Care Plan. For treatment scheduled to extend past the expiration date, an additional membership fee will apply.

I agree to the policies and stipulations as stated above. I further agree to abide by the office policies of Family and Children’s Dentistry as listed in the standard office documents. These policies are subject to change without notice.

\_\_\_\_\_
Responsible Party Signature

\_\_\_\_\_
Effective Date

\_\_\_\_\_
Expiration Date

\_\_\_\_\_
Responsible Party Print

\_\_\_\_\_
Phone Number

\_\_\_\_\_
TCP Member #1

\_\_\_\_\_
Chart#

Individual Membership

Total Amount Paid: \$\_\_\_\_\_

\_\_\_\_\_
TCP Member #2

\_\_\_\_\_
Chart#

Family Membership

Total Amount Paid: \$\_\_\_\_\_

\_\_\_\_\_
TCP Member #3

\_\_\_\_\_
Chart#

\_\_\_\_\_
TCP Member #4

\_\_\_\_\_
Chart#

\_\_\_\_\_
TCP Member #5

\_\_\_\_\_
Chart#

