

Dental Savings Plan  
Benefit Premiums

Plan:	Total Annual Cost
Single	\$315
Dual*	\$530
Family** (3)	\$755
Family** (4)	\$855
Each Additional	\$200

Our basic plan for \$315  
will include:

- ✓ 1 Comprehensive Exam
- ✓ 2 Annual Exams (Used any time during the year)
- ✓ 1 Emergency Exam
- ✓ 2 Cleanings (non-periodontal based)
- ✓ 1 Oral Cancer Screening
- ✓ Bitewing radiographs + 2 PA's
- ✓ Any Individual PA radiographs needed throughout the year
- ✓ 20% OFF Additional Cleanings, Fillings, Core Buildups, Oral Surgery
- ✓ 20% OFF Zoom Whitening
- ✓ 15% OFF Crowns, Bridges, Veneers, Dentures, Partial, Implants, Occlusal Guard

\* The dual plan is for Parent/Child or Husband/Wife only.  
\*\* The family plan includes family members and children under 18 or children who are enrolled in college full-time until the age of 23.

Diagnostic

Comprehensive Exam .....	100%
<i>(New patient / Initial visit)</i>	
2 Annual Exams .....	100%
1 Emergency Exam .....	100%
<i>(Problem focused, 1 per year)</i>	
4 Bitewing X-rays & 2 PAs <i>(1 per year)</i> .....	100%
Periapical, First Film .....	100%
Periapical, Each Additional Film .....	100%
Complete Series X-rays or Panorex .....	100%
<i>(1 every 5 years)</i>	

Preventative

Child Prophylaxis <i>(2 cleanings per year)</i> .....	100%
Adult Prophylaxis <i>(2 cleanings per year)</i> .....	100%
Fluoride <i>(Once a year 13 &amp; Under)</i> .....	100%
Oral Cancer screening <i>(1 time per year)</i> .....	100%
Dental sealants <i>(13 &amp; Under on Molars)</i> .....	100%

All Other Procedures

Additional Prophylaxis .....	20%
Fillings .....	20%
Oral Surgery .....	20%
Zoom Whitening .....	20%
Crowns & Bridges .....	15%
Dentures and Partial .....	15%
Implants / Implant Crowns .....	15%
Occlusal Guard .....	15%
Root Canals .....	15%
Veneers .....	15%

Plan Premium Product or Service	Dental Savings Plan Membership	Dr. Gorelik's Regular Prices	Average Dental Insurance/ AARP costs
Annual Premium (Single)	\$315	N/A	\$480
Annual Premium (Family of 4)	\$855	N/A	\$1,492
Deductible	\$0	\$0	\$50
Cleaning & Exam (twice per year)	\$0	\$469	\$0
Veneers	\$1,062.50 (That's 15% OFF!)	\$1,389	\$1,600 (not covered by most plans)
Dental Implants	\$3,821.60	\$4,496	\$4,800 (not covered by most plans)



704.553.1627  
1433 Emerywood Drive, Suite A  
Charlotte, NC 28210  
www.GorelikFamilyDentistry.com

Our Dental Savings Plan  
Includes the Following  
Services at No Charge:

- 2 Exams per year
- 2 Cleanings per year  
*(Absence of infection - periodontal disease)*

Program Guidelines

- Patient's portion of bill will be due the day of service
- There will be a \$50 reinstatement fee if your plan lapses
- Cannot be used in conjunction with another dental plan or financing program such as Care Credit
- No refunds of premiums will be issued at any time if participant decides not to utilize dental plan
- NON-REFUNDABLE

Please ask one of our friendly front desk  
team members for an application or  
visit us on the website:

www.GorelikFamilyDentistry.com

Program Exclusion & Limitations  
This program is a discount plan, not a  
dental insurance plan. It cannot be used:

- In conjunction with another dental plan, dental insurance, or financing program such as Care Credit.
- For treatment which, in the sole opinion of our doctors, lies outside the realm of their capability.
- For referrals to specialists
- For hospitalization or hospital charges of any kind
- For cost of dental care which are covered under automobile medical.
- For services of injuries covered under workers' compensation.

Now Welcoming  
New Patients!

Join Dr. Julia Gorelik's In-House  
Dental Savings Plan

Our Dental Savings Plan is designed to  
provide greater access to quality dental  
care at an affordable price.

It's a discounted fee schedule for most services  
and only good at Gorelik Family Dentistry.

You save on from cleanings and fillings  
to cosmetic procedures and crowns!

- ✓ NO yearly maximums
- ✓ NO deductibles
- ✓ NO claim forms
- ✓ NO pre-existing condition limitations
- ✓ NO one will be denied coverage
- ✓ NO waiting periods (immediate eligibility)
- ✓ FREE cosmetic consultations

Dental Savings Plan  
PLUS

Total Annual Cost:  
\$299\*

\*Requires membership in our Dental Savings Plan.

NON-REFUNDABLE

Savings Plan Plus Members receive all of the  
benefits included in our Dental Savings Plan...

PLUS  
All of the following:

- ✓ Periodontal Maintenance ..... 100%  
*(Four cleanings a year)*
- ✓ Scaling and Root Planning ..... 15% OFF
- ✓ Arestin ..... 10% OFF  
*(An antibiotic that kills the bacteria causing  
gum disease)*



*\*Annual fee is required at enrollment and cannot be financed. Member-  
ship fees for Dental Savings Plan and Dental Savings Plan Plus are  
NON-REFUNDABLE. Gorelik Family Dentistry reserves the right to  
modify, change, or discontinue the Dental Savings Plan, Savings Plan  
Plus, terms, fees, and services at the company's discretion upon written  
notice from Dr. Julia Gorelik's office prior to our anniversary renewal date.*

Dental Savings Plan  
Application Form

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

<i>Please check box:</i>	Total Annual Cost
<input type="checkbox"/> Single .....	\$315
<input type="checkbox"/> Dual .....	\$530
<input type="checkbox"/> Family (3) .....	\$755
<input type="checkbox"/> Family (4) .....	\$855
<input type="checkbox"/> Each Additional .....	\$200
<input type="checkbox"/> Savings Plus <i>(periodontally involved patients)</i>	\$299

- ☐ Cash (in-office only\*\*)   
*\*\*If paying with cash, please return this application to our  
office in person. Do not mail cash payments.*
- ☐ Check *(Make checks payable to Gorelik Family Dentistry  
and enclose check with application)*
- ☐ Credit Card #: \_\_\_\_\_
- ☐ Exp. Date: \_\_\_\_\_ CVC: \_\_\_\_\_

\*\*\*I, \_\_\_\_\_  
Authorize Gorelik Family Dentistry to charge my credit card for the  
Savings Plan.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please return Savings Plan application and payment  
along with Dental Savings Plan application and payment.