Dental \$avings 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:

\checkmark	1 Comprehensive Exam
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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, Extractions

✓ 20% OFF Zoom Whitening

√ 15% OFF Crowns, Bridges, Veneers, Dentures, Partials, Implants, Occlusal Guard

Diagnostic

Comprehensive Exam	%
2 Annual Exams	%
1 Emergency Exam	%
4 Bitewing X-rays & 2 PAs (1 per year) 1009	%
Periapical, First Film 1009	%
Periapical, Each Additional Film 1009	%
Complete Series X-rays or Panorex 1009 (1 every 5 years)	%

Preventive

Child Prophylaxis (2 cleanings per year)	100%
Adult Prophylaxis (2 cleanings per year)	100%
Oral Cancer screening (1 time per year)	100%
Dental sealants (13 & Under on Molars)	100%

All Other Procedures

Additional Trophylaxis	20 /0
Fillings	20%
Extractions	20%
Zoom Whitening	20%
Crowns, Bridges & Build Ups	15%
Dentures and Partials	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)





HAPPY • HEALTHY • HOLISTIC



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

 $^{{\}it * The dual plan is for Parent/Child or Husband/Wife only}.$

^{**} The family plan includes family members and children under 18 or children who are enrolled in college full-time until the age of 23.

Our Dental \$avings Plan Includes the Following Services at No Charge:

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

Program Guidelines

- 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

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

www.GorelikDentistry.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.
- No discounts on products

Now Welcoming New Patients!

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

Our Dental \$avings 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 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 \$avings Plan PLUS

Total Annual Cost:

\$299*

*Requires membership in our Dental \$avings 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



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*Annual fee is required at enrollment and cannot be financed. Membership fees for Dental Savings Plan and Dental Savings Plan Plus are NON-REFUNDABLE. Gorelik 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 \$avings Plan Application Form

First Name:	
Last Name:	
Please check box: Total Annual	l Cost
☐ Single	\$315
☐ Dual	\$530
☐ Family (3)	\$755
☐ Family (4)	\$855
☐ Each Additional	\$200
☐ Savings Plus (periodontally involved patients)	\$299
 □ Cash (in-office only**) **If paying with cash, please return this application office in person. Do not mail cash payments. □ Check (Make checks payable to Gorelik Family De and enclose check with application) 	
Credit Card #:	
Exp. Date: CVC:	
***I,, Authorize Gorelik Dentistry to charge my credit card y Savings Plan. Check Yes or No for Auto Renewall to card on file: Yes No	for the
Signature: Date	

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