

## Dental Membership 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
- ✓ 10% OFF Additional Cleanings, Fillings, Extractions
- ✓ 10% OFF Zoom Whitening
- ✓ 10% OFF Crowns, Bridges, Veneers, Dentures, Partials, Implants, Occlusal Guard

\*The dual membership is for Parent/Child or Spouse only.

\*\* The family membership 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 (1 per year) ..... 100%	
Periapical, First Film ..... 100%	
Periapical, Each Additional Film ..... 100%	
Complete Series X-rays or Panorex ..... 100%	
<i>(1 every 5 years)</i>	
CT Scan ..... 10% Off	

## Preventive

Adult Prophylaxis (2 cleanings per year) ..... 100%	
Additional Prophylaxis ..... 10% Off	
Child Prophylaxis (2 cleanings per year) ..... 100%	
Dental sealants (13 & Under on Molars) ..... 100%	
Oral Cancer screening (1 time per year) ..... 100%	

## All Other Procedures

Clifford Testing ..... 10% Off	
Crowns, Bridges & Build Ups ..... 10% Off	
Dentures and Partials ..... 10% Off	
Extractions ..... 10% Off	
Fillings ..... 10% Off	
Implants / Implant Crowns ..... 10% Off	
Membrane/Bone Grafting ..... 10% Off	
Mercury Tri Test ..... 10% Off	
Occlusal Guard ..... 10% Off	
Ozone Therapy ..... 10% Off	
Veneers ..... 10% Off	
Zoom Whitening ..... 10% Off	

Plan Premium Product or Service	Dental 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	\$362	\$0
Veneers	\$1,422 (That's 10% OFF!)	\$1,580	\$1,800 (not covered by most plans)
Dental Implants	\$4,746.60	\$5,274	\$5,600 (not covered by most plans)



# GORELIK DENTISTRY

HAPPY • HEALTHY • HOLISTIC

## MEMBERSHIP PLAN



704.553.1627

2740 West Arrowood Road  
Charlotte, NC 28273

www.GorelikDentistry.com

**Our Dental Membership 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 / Insurance.
- 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](http://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.
- 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 / supplements
- No discounts on sedation

**Now Welcoming New Patients!**

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

Our Dental Membership 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)

**Dental Membership Plan PLUS**

Total Annual Cost:  
**\$299\***

*\*Requires enrollment in our Dental Membership.*  
NON-REFUNDABLE

**Membership Plan Plus patients receive all of the benefits included in our Dental Membership...**

**PLUS  
All of the following:**

- ✓ **Periodontal Maintenance . . . . . 100%**  
*(Four cleanings a year)*
- ✓ **Scaling and Root Planning . . . . . 10% OFF**



**HAPPY • HEALTHY • HOLISTIC**

*\*Annual fee is required at enrollment and cannot be financed. Membership fees for Dental Membership Plan and Dental Membership Plan Plus are NON-REFUNDABLE. Gorelik Dentistry reserves the right to modify, change, or discontinue the Dental Membership Plan, Membership 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 Membership 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"/> Membership 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 Dentistry and enclose check with application)*

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVC: \_\_\_\_\_

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

*Check Yes or No for Auto Renewal to card on file:*  
 Yes  No

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

**Please return Membership Plan application with payment.**