

## Dental Membership Benefit Premiums

Plan:	Total Annual Cost
Single	\$450
Dual*	\$775
Family** (3)	\$1,000
Family** (4)	\$1,225
Each Additional	\$225

Our basic plan for \$450 will include:

- ✓ 1 Comprehensive Exam
- ✓ 2 Annual Exams (Used any time during the year)
- ✓ 1 Emergency Exam
- ✓ 2 Cleanings (non-periodontal based)
- ✓ 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 over 18 or children who are enrolled in college full-time until the age of 23.

## Diagnostic

Comprehensive Exam . . . . .	100%
(New patient / Initial visit)	
2 Annual Exams . . . . .	100%
1 Emergency Exam . . . . .	100%
(Problem focused, 1 per year)	
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%
(1 every 5 years)	
CT Scan . . . . .	10% Off

## Preventive

Adult Prophylaxis (2 cleanings per year) . . . . .	100%
Additional Prophylaxis . . . . .	10% Off

## All Other Procedures

Biocompatibility 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
Cavitations . . . . .	10% Off



"ONLY A SYSTEM IN  
WHICH ALL PARTS  
FLOURISH IS HOLISTIC"

- CHRIS KILHAM



VISIT OUR WEBSITE!

GORELIK  
DENTISTRY

HAPPY • HEALTHY • HOLISTIC

## MEMBERSHIP PLAN

704.553.1627

2740 West Arrowood Road  
Charlotte, NC 28273

[www.GorelikDentistry.com](http://www.GorelikDentistry.com)

FOLLOW US ON  
SOCIAL MEDIA



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 / Nitrous Oxide

**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:  
**\$399\***

\*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**

**GORELIK**  
**DENTISTRY**

**HAPPY • HEALTHY • HOLISTIC**

\*Annual fee is required at enrollment and cannot be financed. Member-  
ship 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: \_\_\_\_\_

**Please check box:** Total Annual Cost

- ☐ Single ..... \$450
- ☐ Dual ..... \$775
- ☐ Family (3) ..... \$1,000
- ☐ Family (4) ..... \$1,225
- ☐ Each Additional ..... \$225
- ☐ Membership Plus *(periodontally involved patients)* \$399

☐ 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.**