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DENTISTRY

GENERAL DENTISTRY IMPLANT DENTISTRY

## DENTAL MEMBERSHIP PLAN

Cut the Insurance and Improve Your Care

No Yearly Maximums, No Deductibles, No Wait Periods, No Denials

The goal of an insurance company is to take in monthly premiums and deny payouts. It's simple. They are in business to take your monthly payment and find creative ways to keep as much of it as possible. A recent investigation found that dental insurance companies use only 20% of your premium to fund your dental care. Let that sink in. That means 80% of your monthly premium goes to executives and administrative cost.

We're implementing a new way to deliver dental care and it focuses on patient care and relationships. If you've heard of concierge medical doctors this plan follows a similar path. We cut out the insurance and establish a direct agreement between patient and doctor. Instead of paying an insurance premium you pay our office a yearly premium and we take care of all your basic dental needs like cleanings and checkups for one year. In addition, members save 20% of all dental procedures!

### PREVENTATIVE DENTAL CARE FOR PATIENTS WITHOUT PERIODONTAL DISEASE

- ☐ Two Examinations
- ☐ Two Cleanings
- ☐ All the necessary xrays
- ☐ One Panoramic xray
- ☐ One fluoride treatment
- ☐ 20% of ALL dental treatment

#### COST:

**Adult's over 14y/o (individual) - \$330/yr**

**Children (age 13 or younger) - \$215/yr  
for 1-2 children per household**

**Children (age 13 or younger) - \$195/yr  
for 3 or more children per household**

**Senior Citizens (65 or older) - \$320/yr**

***Normal price is \$575 for these services***

*Normal price is \$450 for these services*

### PERIODONTAL MAINTENANCE CARE FOR PATIENTS WITH PERIODONTAL (GUM) DISEASE

- ☐ Three Examinations
- ☐ Three Periodontal Maintenance Cleanings
- ☐ All the necessary xrays
- ☐ One Panoramic xray
- ☐ One fluoride treatment
- ☐ 20% of ALL dental treatment

#### COST:

**Adult's (individual) - \$445/yr**

**Senior Citizens (65 /older) - \$420/yr**

***Normal price is \$815 for these services***



## DENTAL MEMBERSHIP PLAN

### Program Guidelines

The Dental Membership Plan is not insurance. It is a program offered to individuals and families who do not have dental insurance or choose not to use their dental insurance due to limitations of their policies. The plan is designed to reduce cost and improve quality of care by cutting out insurance companies and establish a direct relationship between doctor and patient.

There are no denials, no claim forms, no pre-determination paperwork, and no minimum or maximums.

Below is a list of guidelines that apply to the membership: **please initial** next to each line to indicate your acceptance

\_\_\_\_\_ Membership lasts 1 year beginning on the date of enrollment. There are NO rollover benefits to the next yr

\_\_\_\_\_ Dues can be paid in full at the start (discount applies) or monthly (registration fee applies)

\_\_\_\_\_ Dues are not refundable

\_\_\_\_\_ If you want to cancel the membership call us 30 days prior to your anniversary date to cancel

\_\_\_\_\_ Memberships are intended for established patients who come in for routine dental care, not single visit care

\_\_\_\_\_ Active members receive **20%** off all procedures with the **EXCEPTION** of:

- 1. products sold such as whitening/bleach trays, toothpastes, toothbrushes, rinses, floss, etc**
- 2. large restorative/cosmetic cases involving extensive surgery and/or esthetic rehabilitations**
- 3. IV Sedation fees. Fees for IV sedation are paid in full to cover CRNA costs**
- 4. INVISALIGN**

\_\_\_\_\_ ***For large treatments such as extensive surgery, multiple implants, multiple porcelain crowns, or full mouth rehabilitation or where 3rd party financing is used (Care Credit or Proceed Finance) the discount is 10% instead of 20%.***

\_\_\_\_\_ Members are required to notify us if they cannot keep their appointment 48hrs in advance

\_\_\_\_\_ Memberships are paid yearly and cannot be financed. Credit card, check, or cash is acceptable

\_\_\_\_\_  
*Signature of patient or guardian*

\_\_\_\_\_  
*Date*

Each year your renewal month will be \_\_\_\_\_