



FOREST CITY
Family Dentistry

10-1-2023

Dear Patients,

It gives us great pleasure to continue the Forest City Family Dentistry Dental Savings Plan at the same rate! This is an **in-house** dental savings plan for 2024 that offers affordable care for patients **without dental insurance**.

We understand that traditional insurance plans are expensive and there are multiple limitations and exclusions. Also, in recent times, we have observed a trend of fewer employers offering dental insurance, and the difficulty of the self-employed and retired patients to find and pay for dental coverage. So, we have designed an affordable plan that offers significant savings on preventative and other dental services for a low annual membership fee. Please see the enclosed chart and guidelines for further information.

We will need you to enroll BY JANUARY 1, 2024 to get the most benefits out of the program.

Rest assured, we are taking every safety precaution and appreciate the opportunity to take care of you and your family. Feel free to ask any of our team members at Forest City Family Dentistry for more information. Contact us at 641-585-4636 to sign up today!

Yours truly,

A handwritten signature in black ink, appearing to read "Laila Buck", is positioned above the printed name.

Laila Buck DDS, MAGD

Forest City Family Dentistry

Forest City Family Dentistry in-house Dental Savings Plan*

No insurance? No problem! Our exclusive, affordable dental savings plan allows for significant saving on your dental care without the hassles of traditional insurance!

How does the Dental Savings Plan compare to traditional insurance coverage?

Traditional Dental Insurance	FCFD Dental Savings Plan
Costly monthly premiums plus co-insurance & deductibles	One low annual fee
Variable levels of coverage for preventative and other dental treatments	15% off ALL services with check or cash, 10% off with a credit card
Coverage can be limited to maximums of coverage ranging from \$750-1500	No yearly maximum limits on savings
Complicated and confusing claim submission process and delayed reimbursement	No claims or paperwork to submit or keep track of
Limited choice of dental providers	Care from the dentist of your choice- Dr. Laila!
Waiting periods before benefits are in effect	No waiting period. You are able to use your benefits immediately!
Cumbersome application process	Enrollment is quick and Easy!

- 1. Individual Plan- \$39/Year Annual Enrollment Fee Per Person with 15% off ALL services with check or cash – enroll by January 1, 2024. Plan effective Jan. 1, 2024 – Dec. 31, 2024**

Example of average preventative yearly services at current rates:

2 Checkups per Year- Prophylaxis** & Exam= \$273.88

1 set of Bite-wing x-rays a year= \$63.33

Fluoride treatment- 1 x a year= \$33.12

Total average yearly expenses for preventative is \$370.33 – 15% savings of \$55.55 = \$314.78 (\$55.55 savings you've already recouped your enrollment fee!) Plus 15% off any other services needed. **Periodic Maintenance cleanings are at a higher rate, the above is just an example of your potential savings.

Discount does not apply to products (Prevident, Sonicare, Invisalign etc), is not eligible in conjunction with insurance, and does apply on top of other discounts. As always payment is due the day of service to benefit from this program.

- 2. Family Plan 3+ members (spouse and dependents under 21)- \$79/Year Annual Enrollment Fee with 15% off ALL services with check or cash - enroll by January 1, 2024. Plan effective Jan. 1, 2024 – Dec. 31, 2024**
- 3. Small Business Plans- Ask us for more information how you and your employees could save with a "Reach at Work" Plan for only \$50 a year.**

Savings not valid in conjunction with dental insurance or any other dental plans. Not valid for additional 5% pay at time of service discount in conjunction with this plan. The office of Forest City Family Dentistry reserves the right to modify, change, or discontinue the Dental Savings Plan, fees, terms and services at the company's discretion

Forest City Family Dentistry Dental Savings Plan Guidelines

- All savings plan membership fees are due and payable in full at the time of registration
- All savings plan membership fees are non-refundable
- All additional charges are due at the day of service
- Savings plan duration is for one full calendar year January 1- December 31
- Payment must be made with check or cash to get the 15% off, credit card payments will be a 10% off
- Savings plan coverage expires at the end of the membership year, otherwise benefits are null and void.
- There will be \$50 reinstatement fee if your membership is not renewed annually
- Benefits cannot be carried over to the next membership year.

Forest City Family Dentistry Dental Savings Plan Exclusions and Limitations

- Savings plan members cannot use any other dental coverage with this plan
- The savings plan will not cover any portion of a specialist referral
- The savings plan will not apply to dental care for which, in the sole opinion of the treating dentist or doctor, lies outside the realm of their capability
- The 5% pay at time of service with check or cash cannot be combined with this plan (Payment is still due at time of service with the 15% off)
- The savings plan will not apply to hospitalization or hospital charges of any kind
- Discount does not apply to products (Prevident, Sonicare, Invisalign etc)
- Covered benefits of the savings plan are available only at Forest City Family Dentistry (132 East J St, Forest City, IA 50436)
- This is a dental savings plan, not a dental insurance plan.

Savings not valid in conjunction with dental insurance or any other dental plans. Not valid for additional 5% pay at time of service discount in conjunction with this plan. The office of Forest City Family Dentistry reserves the right to modify, change, or discontinue the Dental Savings Plan, fees, terms and services at the company's discretion

Forest City Family Dentistry

SAVINGS PLAN APPLICATION 2024

Effective Date: _____

Last Name: _____ First Name: _____

Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Check One:

- ☐ Individual Plan \$39 Annual Enrollment per person - effective Jan. 1, 2024 – Dec. 31,2024
- ☐ Family Plan 3+ Members \$79 Annual Enrollment- effective Jan. 1, 2024 – Dec. 31,2024
 - ☐ List Family members _____

Payment Method:

- ☐ Check
- ☐ Cash
- ☐ Debit/Credit Card # _____ Exp Date: _____ CVC (3 digit code on back): _____
- ☐ Care Credit

****Annual fee is required at the time of enrollment and is non-refundable. The office of Forest City Family Dentistry reserves the right to modify, change, or discontinue the Savings Plan fees, terms, and services at the company's discretion upon written notice from the office of Forest City Family Dentistry prior to your renewal date****

By Signing below, I acknowledge I have read the Forest City Family Dentistry savings plan information provided to me and I understand the plan details and limitations.

Signature: _____ Date: _____

(parent signature required if member is under the age of 18)

MAIL TO: Forest City Family Dentistry, 132 East J St, Forest City IA 50436, 641-585-4636