



FOREST CITY
FAMILY DENTISTRY

10-1-23

Dear Business Owner-

THE SMALL BUSINESS DENTAL SAVINGS PLAN:

DISCOUNTED new patient's initial visit (x-rays & new patient exam) – ONLY \$150 (over \$70 savings)

CLEANINGS, CROWNS, FILLINGS, DENTURES etc- All other dental services at our normal reasonable fees at 15% discounted rate (with check or cash), or 10% off with Visa or Mastercard!

WHO IS ELIGIBLE? Employees and family members of employees of your company

HOW DO YOU START? Simply call our office and register your company with us- **low enrollment fee of only \$50** for calendar year 2024. All your employees & family members are enrolled for that one business fee. When your employees or their family members call all they have to do is mention the "Small Business Dental Plan" and your company's name. **OR** if you don't want to enroll the business **they can still enroll individually for \$39 or \$79 for a family.**

HOW DOES IT WORK? After you enroll your company with us, each employee pays as they go with the discounted rates with payment the same day of service- 15% off (with check or cash), or 10% off with Visa or Mastercard. They are responsible to pay for their visit, not the company. But it is a benefit to them that you are enrolled with us. Local, on-time scheduling and they get the care they need for a healthy smile and your employees miss less work due to undiagnosed cavities and tooth aches.

Your names of employees will be kept strictly confidential but we will need a list to verify they are employees. There are no maximums, minimums or any other strings attached. At Forest City Family Dentistry, we have cut out the insurance middle man and passing the savings along to you. We can focus on patients, not paperwork and you can get the checkups you have been putting off!

WHY CHOOSE FOREST CITY FAMILY DENTISTRY FOR YOUR DENTAL CARE? We are proud of our office and our 18 year history here in Forest City and we have new technology not found in many other dental offices in our rural area. We have a great staff and provide the latest in Preventative & Restorative Dentistry- featuring same day crowns and affordable implants. We keep an on-time schedule too, which many busy people appreciate. We think that once you visit us you might actually look forward to going to the dentist!

Please call the office now to discuss this plan & any questions you may have and we can send more flyers to distribute to your employees. We look forward to hearing from you.

Sincerely,


Laila Buck DDS, MAGD

Forest City Family Dentistry in-house SMALL BUSINESS 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 (most recent example \$134 per person, per month!)	One low annual enrollment fee for the business (\$50 for 2023)
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. Small Business Plan (employee, spouse and dependents under 21)- \$50/Year Annual Business Enrollment Fee 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- Prophy** & Exam= \$273.88

1 set of Bite-wing x-rays a year (2 on each side) = \$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 Plus 15% off any other services needed. **Perio 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. Small Business new patient's initial visit promotion-** (complete mouth series of x-rays, and new patient/comp exam) for ONLY \$150 (over \$70 savings). Further discounts do not apply. Does not apply to current patients.

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

SMALL BUSINESS SAVINGS PLAN ENROLLMENT 2024

Effective Date: _____

Business Name: _____

Owner Last Name: _____ Owner First Name: _____

Business Address: _____

City: _____ State: ___ Zip: _____

Phone: _____

- Small Business Enrollment \$50 Annual Enrollment- effective Jan. 1, 2024 – Dec. 31,2024
 - List Employees (or provide a complete list) _____
 - Discounted rates are extended to immediate family members of employees (children up to age 21, & spouse)

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 small business savings plan information provided to me and I understand the plan details and limitations.

Business Owner Signature: _____ Date: _____

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