

Scharrington Dental

Your Smile. Our Passion. Your Life

DENTAL SAVINGS PLAN

Patient name: _____

Effective _____ to _____

Provider: _____

BASIC

\$400.00 Annually

15% discount on all other services
2 free cleanings per year (prophylaxis and periodontal)
Unlimited digital x-rays
Unlimited consultations and emergency visits
10% discount on Dental Implant

Patient signature: _____

(Maintenance value of \$715)
That's a 49% savings!

STANDARD

\$500.00 Annually

20% discount on all other services
3 free cleanings per year (prophylaxis and periodontal)
Unlimited digital x-rays
Unlimited consultations and emergency visits
15% discount on Dental Implant

Patient signature: _____

(Maintenance value of \$830)
That's a 63% savings!

PREMIUM

\$650.00 Annually

30% discount on all other services
4 free cleanings per year (prophylaxis and periodontal)
Unlimited digital x-rays
Unlimited consultations and emergency visits
20% discount on Dental Implant

Patient signature: _____

(Maintenance value of \$945)
That's a 74% savings!

PLAN FEATURES & BENEFITS

- Reduced dental fees for all services
- No annual maximums
- No annual deductible
- Immediate eligibility
- No pre-authorization requirements
- No pre-existing condition limitations
- No age limit
- No missing tooth clause restrictions or exclusions
- No claim forms

GUIDELINES, EXCLUSIONS & LIMITATIONS

- Enrollment date begins on the date of enrollment fee is paid and expires after 365 days
- Annual enrollment fees are due at the time of enrollment
- Valid with health savings accounts, flex spending accounts, and health reimbursement accounts
- Family members eligible include spouse and dependent children under the age of 21
- All membership fees are non-refundable
- All additional charges are due day of service
- Member must see same Dentist per visit

EXCLUSIONS AND LIMITATIONS

- Strictly valid only at our office
- Not valid with coexisting dental insurances or benefits
- Our program is not transferable to another party or uncovered family member
- Does not cover any portion of a specialist referral
- Not applicable to hospitalization or hospital charges of any kind
- Will not apply to dental care for injuries covered under worker's compensation
- 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
- Not valid on fluoride, products (electric toothbrush, Waterpik) or prescriptions
- Excludes orthodontic treatments
- Third party finance

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