



300 SE 2nd St. Suite 200 Lee's Summit, MO 64063

Dental Savings Plan

We are pleased to offer a dental savings plan in our office. DSP is a plan that allows patients to receive the same quality care they are accustomed to but at reduced rates. Our in-office dental savings plan is for individuals and families. Unlike conventional insurance plans, with the dental savings plan there are no deductibles, no yearly maximums, and no waiting periods. Your benefits begin immediately upon enrollment.

Benefits:

1. Dental hygiene appointments:

*2 free routine cleanings per year

*2 free complete dental exams in hygiene

*Free x-rays taken during dental hygiene cleanings and exams

*Patients on periodontal maintenance will get 2 free cleanings and 2 cleanings at 20% off.

2. One free emergency exam per year – additional at 20% off

3. 20% savings on basic and major dental **procedures**

4. 20% savings on implant restorations

5. Free whitening kit (value up to \$89)

There is no discount on products such as retainers, night guards, custom trays and deep bleaching, flossers, electric toothbrushes, nitrous, etc.

Joining DSP costs \$499.00 for an individual and only \$399.00 for each additional family member. That is additional savings of \$100.00 per family member. Eligible family members include spouses and dependent children under the age of 24 if the parent/guardian is still financially responsible. All DSP enrollment fees are due and payable at the time of registration and are non-refundable when services have been provided. Plan duration is one year from the date of registration. All patient payments for services received are due at the time of services to receive the DSP benefits. Interest free payment plans for 6 or 12 months are available upon request with the approved credit through Care Credit. Repayment duration is based on service totals and procedural type. If you choose to use Care Credit, your DSP savings will be 5% instead of 20%.

Holli Careswell DDS | Jake Anderson DDS

Phone: (816)524-6300 | Website: www.smileLS.com



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Dental Savings Plan Patient Registration

Last Name: _____ First Name: _____ MI: _____ DOB: _____

Total Cost: \$ _____ Method of Payment: Cash Check# _____ Credit/Debit

DISCLAIMER

Using the Dental Savings Plan (DSP) offers significant savings to patients in regard to dental services. I understand the benefits, limitations, exclusions, and requirements of this plan and agree to the following:

*Fees are to be paid when dental services are rendered.

*Fees for prosthodontics (dentures, crowns, onlays, veneers) are due at the preparation/impression visit.

*If I choose not to pay at the time of service, or not have a financial agreement in place, I shall be billed the usual and customary fees for such services and will not receive DSP savings. I acknowledge that I am financially responsible for the payments of additional family dependents.

I have read and agree with the above disclaimer for Careswell and Anderson Dental LLC Dental Savings Plan.

Signature of patient or responsible party

Printed name of patient or responsible party

Date

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