



## Dental Savings Plan

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THIS PLAN IS OFFERED BY ST. FRANCIS DENTAL CARE, THIS IS NOT AN INSURANCE PLAN BUT A SAVINGS PLAN OFFERED BY OUR OFFICE FOR PATIENTS WITH NO DENTAL INSURANCE. ELIGIBILITY BEGINS UPON RECEIPT OF YOUR MEMBERSHIP FEE AND RUNS FOR 12 MONTHS. ACCOUNT BALANCE MUST BE PAID IN FULL AT EACH APPOINTMENT TO MAINTAIN MEMBERSHIP.

MEMBERSHIP FEE \$80.00 PER PERSON COVERS YOU FOR 12 MONTHS.

THIS MEMBERSHIP FEE ENTITLES THE MEMBER TO...

1. COMPLETE EXAMINATION, ORAL CANCER SCREENING & TREATMENT PLANNING TWICE IN 12 MONTHS. This does not include emergency exams. ( UP TO \$137.00 VALUE)
2. BITEWING X-RAYS ONCE PER 12 MONTHS (UP TO \$65.00 VALUE)  
(IF A FULL MOUTH X-RAY IS NEEDED WE WILL TAKE THE \$65 OFF OF THAT FEE.)
3. ONE FLUORIDE TREATMENT PER 12 MONTHS. (\$35 VALUE)
4. 20% SAVINGS ON ALL PREVENTIVE SERVICES (X-RAYS, **REGULAR** CLEANINGS AND SEALANTS)
5. 15% SAVINGS ON ALL OTHER SERVICES

\*\*\* CARECREDIT PAYMENTS WILL VOID ALL DISCOUNTS\*\*\*

For more information you can contact our office at 763-753-1900

Email us at [st.francisdentalcarepa@gmail.com](mailto:st.francisdentalcarepa@gmail.com)

Check out our website: [www.stfrancisdentalcare.com](http://www.stfrancisdentalcare.com)

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