

Fort Dental Center
In Office
Discount Plan

We Care
About
Your Smile

"The greatest compliment our
patients can give us, is the
referrals of their friends and
loved ones."



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Fort Dental Center is committed to providing the best dental care available. In an effort to help our patients in these challenging economic times, we are implementing a in office discount dental plan. **This plan can only be used by patients that do not have dental insurance.** The discount plan is a YEARLY program that re-news one year to the date of membership. The membership fee is \$100.00 per family (spouse & children) or \$50.00 per individual.

The percentages listed below, reflect the amount of discount a member will receive for each procedure:

<u>Preventative</u>	
Prophylaxis (Cleaning)	30%
Topical Fluoride	30%
Periodic X-rays	30%
Full Mouth or Panoramic X-ray	30%
Limited Oral Exam (Problem Related)	30%
Comprehensive Oral Exam (First Visit)	30%
Periodic Oral Exam	30%
Oral Hygiene Instructions	N/C
Vizilite Cancer Exam	10%
Sealants	20%
<u>Periodontal (gum)</u>	
Scaling & Root Planning	20%
Full Mouth Debridement	20%
Perio Maintenance	20%
Arestin/Atrodix (Topical Application of Antibiotics)	10%
<u>Restorative</u>	
Composite Fillings	20%
Crowns-Cores-Bridges	20%
 Root Canal Therapy	 20%
Surgical Procedures	20%

<u>Cosmetic</u>	
Lumineers or Veneers	10%
Whitening	10%
<u>Prosthetics</u>	
Dentures & Partial	20%
Flippers	20%
<u>Repairs</u>	
Denture & Partial	10%
Flippers & Mouth Guards	10%
Recementation of existing Crown/Bridge	10%
Occlusal Guard	20%
<u>Orthodontic (Braces)</u>	
Invisalign (Clear Braces)	10%
Space Maintainer	10%
There is no charge for adjusting the fit of a crown, bridge, filling, denture, partial or any other appliance. Your comfort and happiness is important to us. The patient must pay at time of service. We accept, cash, check, money order, Visa or Master Card.	
This plan cannot be combined with a Senior Discount plan or a Third Party Finance Plan.	
This plan does not cover services for injuries covered under workman's compensation, cost of dental care which is covered under automobile medical no-fault of similar insurance.	
<u>Failure to comply with suggested examinations and radiographs will VOID this contract.</u>	

As a subscriber, I wish to enroll for a One Year membership in the FORT DENTAL CENTER DISCOUNT PLAN. I understand that all services under this program must be obtained at FORT DENTAL CENTER, and my co-payment **will be due in full** when services are rendered. This is not an insurance program.

Enrollment Form
1 year enrollment

Name

Dependants

Dependants

Date

Signature