

What is the Cost Savings Program?

A new, innovative way to help patients **without dental insurance** off-set the cost of the preventive care that they need to avoid costly problems later.

How would it benefit me?

For a monthly fee of \$27.50, each patient will receive two cleanings*, one set of 4 bite-wing x-rays, and two exams each year.

There are no hassles of dealing with insurance companies and no large annual premiums, deductibles or maximums. Participants save over 20% off preventative services provided by *Keystone Dentistry* **PLUS** discounts on additional dental work, including x-rays

What about my family?

You can add each family member for an additional \$27.50 per month as well. There are programs for both adults and children.

How do I enroll?

Simply fill out the back page and mail to:

**Keystone Dentistry
109 Apple Valley Parkway
Belton, MO 64012**

What if I need additional information?

Contact our office at 816-331-4200

*cleaning for non-periodontal maintenance patients.
Ask us about our program for our periodontal patients.

COST SAVING PROGRAM

All services listed are to be received on a yearly basis

1 set of 4 Bite-wings	\$ 76
2 Professional Cleanings*	\$236
2 Periodic Exams	\$122
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Total:	\$434

12 Monthly Payments of \$27.50 for a total of \$330

Difference of \$104

Yearly savings of 24%!

CHILDREN-up to the age of 14

1 set of 2 Bite-wings	\$ 50
2 Pediatric Cleanings	\$172
2 Periodic Exams	\$122
2 Fluoride Treatments	\$ 96
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Total:	\$440

12 Monthly Payments of \$27.50 for total of \$330

Difference of \$110

Yearly savings of 25%!

Plus discounts on additional dental work, including x-rays.

Program available to uninsured patients only. Discounts not valid with other specials or offers. Program fees are automatically deducted each month either by credit or debit card and any additional services must be paid the day of service for the discount to apply, unless other arrangement have been made for extensive cases. Not transferrable to any other dental practice

**YES, PLEASE ENROLL ME IN YOUR
COST SAVINGS PROGRAM!**

Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Credit/Debit Card: Visa® MasterCard® Discover®

CC # _____

Exp (MM/YY) _____

Zip Code: _____

I authorize *Keystone Dentistry* to debit my credit or bank issued card the amount of \$27.50, or \$42.00 per periodontal patients, the monthly fee

I understand that I can cancel the program at any time, or *Keystone Dentistry* can cancel the program based on non-payment of the monthly fee after 60 days. If the program is cancelled, the existing credit will be applied toward future services, but there will not be a discount available. No refunds will be issued for not fulfilling the terms of the program.

Signature

Date

Keystone Dentistry
109 Apple Valley Pkwy.
Belton, Missouri 64012
816-331-4200

No Dental Insurance? We Have a Solution..

