

Dr. Holly Krystek
2011 Houser St.
Muscatine, IA 52761

Lifetime Dentistry
Creating Beautiful Healthy Smiles



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Dental Savings Membership

Our savings program is the perfect solution for individuals or families without dental insurance or for those who feel their coverage does not cover quite enough. It is an annual membership that you can pay for annually, monthly or weekly to lower up-front costs. With three different tiers of coverage, you can choose the coverage that will work best for you.

Dental Savings Membership FAQs

Q How do I know if I qualify?

A To qualify, all you need to do is completely fill out the membership agreement, choose which tier membership is best for you and put down the first and last month's membership fee.

Q What if I already have dental insurance?

A If you already have dental insurance, the Dental Savings Membership might be a good fit for your needs and budget, but it also may not. This is a personal choice you should make by looking at your insurance plan and coverage and figuring out your out of pocket cost for dental procedures.

Q Are there discounts for each additional family member on the plan?

A No. We have already marked down the cost of preventative care services by 20% and offer a varying discount on all restorative and operative work. We cannot offer any greater discounts on the already discounted services.

Q Why don't you have different membership costs, tiers and benefits for children or periodontal disease maintenance?

A We hope the Dental Savings Plan is successful enough we can add more membership opportunities and associated fees in the future. For the time being, we are taking the Dental Savings Membership for a test drive by offering it to some of our best patients and monitoring success and feedback of the plan.

Diamond Membership

- 2 Dental Exams performed by the Doctor (one emergency or problem focused exam and one comprehensive exam)
- 2 Prophylaxis Cleanings
- 2 Fluoride Treatments
- 1 Full Mouth Series Radiographs
- 2 Periapical Radiographs (problem focused)

Value: \$639

You pay: \$510

Your payment: \$270 down and \$20 a month

With the Diamond Membership, you will receive the standard number of annual preventative care appointments (2) plus emergency services. You will receive a 20% savings on the services outlined above (exams, prophylaxis, fluoride, and radiographs) as well as 20% off on any restorative work, operative work and/or any service not included in the plan.

Payments for operative and restorative work are due at time of service to receive discounts.

Major services such as root canals, crowns, bridges or partial dentures may be broken down to a maximum of 3 payments, but no service will be completed (no prosthetic will be placed) until the final payment is made.

This is a yearly membership. To qualify for discounted preventative or restorative care, patient must pay the entire membership amount. If the patient neglects to pay for the entire membership at the year's end, but receives discounted services he or she will be charged full price for all services rendered. We retain the right to send overdue accounts to collections.

The savings on preventative or restorative work cannot be used in conjunction with any other special offer or promotion.

Medicaid and Iowa Wellness Plans excluded.

Platinum Membership

- 1 Comprehensive Dental Exam performed by the Doctor
- 2 Prophylaxis Cleanings
- 2 Fluoride Treatments
- 1 Full Mouth Series Radiographs

Value: \$506

You pay: \$405

Your payment: \$225 down and \$15/month

With the Platinum Membership, you will receive the standard number of annual preventative care appointments (2) plus emergency services. You will receive a 20% savings on the services outlined above (exam, prophylaxis, fluoride, and radiographs) as well as 15% off on any restorative work, operative work and/or any service not included in the plan.

Payments for operative and restorative work are due at time of service to receive discounts.

Major services such as root canals, crowns, bridges or partial dentures may be broken down to a maximum of 3 payments, but no service will be completed (no prosthetic will be placed) until the final payment is made.

This is a yearly membership. To qualify for discounted preventative or restorative care, patient must pay the entire membership amount. If the patient neglects to pay for the entire membership at the year's end, but receives discounted services he or she will be charged full price for all services rendered. We retain the right to send overdue accounts to collections.

The savings on preventative or restorative work cannot be used in conjunction with any other special offer or promotion.

Medicaid and Iowa Wellness Plans excluded.

Silver Membership

- 1 Doctor Exam
- 1 Prophylaxis Cleaning
- 1 Full Mouth Series Radiographs

Value: \$327

You pay: \$260

Your payment: \$140 down and \$10/month

With the Silver Membership, you will receive **LESS THAN** the standard number of annual preventative care appointments (you will receive one and two are recommended). You will receive a 20% savings on the services outlined above (exam, prophylaxis, and radiographs) as well as 10% off on any restorative work, operative work and/or any service not included in the plan.

Payments for operative and restorative work are due at time of service to receive discounts.

Major services such as root canals, crowns, bridges or partial dentures may be broken down to a maximum of 3 payments, but no service will be completed (no prosthetic will be placed) until the final payment is made.

This is a yearly membership. To qualify for discounted preventative or restorative care, patient must pay the entire membership amount. If the patient neglects to pay for the entire membership at the year's end, but receives discounted services he or she will be charged full price for all services rendered. We retain the right to send overdue accounts to collections.

The savings on preventative or restorative work cannot be used in conjunction with any other special offer or promotion.

Medicaid and Iowa Wellness Plans excluded.

Primary Member Registration

Last Name _____ First Name _____ MI _____
Home Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____ Date of Birth _____
Employer _____ Work Phone _____
Driver's License Number _____ State Issued _____

Additional Member Registration

Full Name	Date of Birth	Relationship	Membership Level/Fee
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Dependents on Savings Plan _____ Diamond _____ Platinum _____ Silver _____

Select Plan: _____ Diamond _____ Platinum _____ Silver

Select Payment: _____ Annually _____ Monthly

Would you like to set up automatic debit transactions? _____ Yes _____ No

Card Number _____ Expiration _____ CVC# _____

I understand the benefits, limitations, exclusions and requirements of the Savings Plan and I agree to the following:

- I will remain in the plan and pay membership fees for a minimum of 12 months. Payment of less than 12 months membership fees may result in my being charged usual and customary fees for all services (including services already provided) and my being charged remaining months' fees in lump sum. _____
- Fees for all basic restorative dental services are due as services are rendered. Failure to comply may result in my being charged customary fees for services rendered. _____
- Fees for major reconstructive or prosthetic services may be paid for in a maximum of 3 payments. The first payment is due at the impression visit and all fees must be paid before the final appointment is rendered or the prosthetic is placed. Failure to comply may result in my being charged customary fees for services rendered. _____
- I agree to pay any and all costs in collecting all charges including but not limited to attorney fees and court costs. _____
- Coverage must be continuous. Missing monthly payments must be made up. _____

Signature _____ Date _____

Dental Limitations and Exclusions

1. Non-compliance with recommended course of treatment. _____
2. Services which the practicing dentist does not believe are necessary or may harm the patient's oral health. _____
3. Services for injuries that are covered under Worker's Compensation or Employer's Liability laws. _____
4. Services that cannot be performed because of patient's general health. _____
5. Services that are discounted through other promotion or special offer. _____

Signature _____ Date _____