



Personalized Dentistry for your smile... because we care.

INTRODUCING: DENTAL WELLNESS CENTER PREFERRED DENTAL PROGRAM (DWCPDP)

We desire a relationship with our patients...

Dental Care on a first name basis. Some people call it “concierge” or “boutique” dental care... but at the Dental Wellness Center we call it personalized dental care or treating each patient as if they are a member of our own family.

We listen to our patients...

The current state of dental health care is tense and full of anxiety. Dental Wellness Center provides their patients with a better alternative... care that patients say they desire and deserve in an environment that is pleasantly easygoing.

We consider our patient’s needs & finances...

In light of our current economy, our practice has adopted a new concept... an alternative to the “norm” of dental insurance. The Dental Wellness Center Preferred Dental Program is a low cost way for our patients to obtain Preventive dental care and discounts on dental treatment that they may otherwise not be able to afford. Patients at Dental Wellness Center know upfront exactly what their dental care costs are.

We are here for our patients when they need us...

Dental Wellness Center patients have peace of mind because our dentists are directly accessible for you and your family. Our DWCPDP Patients have direct access to their dentist and can contact us at any time with any dental health concerns.

We want to help our patients make informed decisions...

Our patients know exactly what their costs are for the year because they pay a flat annual fee for Dental Wellness Center’s personalized dental care program. You can choose to use this program as an alternative to dental insurance. The savings your family will experience with our program is significant... check it out! Call our Program Manager at 912-445-5337 to learn more today.

www.DentalWellnessCenterGA.com

DWC of JESUP
135 Peachtree Street
Jesup, GA 31545
912.427.2660 -Office
912.427.8158 -Fax
dwcj@live.com

DWC of RICHMOND HILL
10104 Ford Avenue; Suite G
Richmond Hill, GA 31324
912.445.5337 -Office
888.289.4301 -Fax
dwcrh@live.com

DWC of SAVANNAH
14045 Abercorn Street, Suite 2403
Savannah, GA 31419
912.920.5577- Office
912.226.3489 -Fax
dwcsav@live.com

DWC on PAULSEN
5209 Paulsen Street
Savannah, GA 31405
912.355.1512- Office
912.355.1218- Fax
dwcpaulsen@outlook.com

*RH -10/01/2017*bn1

OUR PROGRAM:

- Preventive Services covered at 100%
- Program's Discounted Fees (20% OFF) on all other in office dental treatment, services and products
- Program's Discounted Fees (10% OFF) on all Orthodontic treatment plans
- Program's Discounted Fees (10% OFF) on all Implant treatment plans
- No Deductibles
- No Annual Maximums
- No Claims Forms
- Immediate Eligibility (No Waiting Periods)
- Complimentary Consultations (Free)

DWCPDP PREVENTIVE SERVICES are included in the program:

- Routine Cleanings (Twice per calendar year)
- Exams (Initial Comprehensive and Periodic)
- All X-Rays (Bitewings and Panoramic)
- After Hours Emergency Access
- 24/7 Access To Your Personal Dentist
- Program's Discounted Fees (10-20% OFF)
- Aesthetic ● Cosmetic ● Basic Restorative ● Major Restorative ● Crowns ● Bridges
- Short Term Orthodontics ● Veneers ● Root Canals ● Implants ● Oral Surgery
- Dentures & Partials ● Periodontics ● Zoom! Whitening

WHY CONSIDER DWCPDP?

Dental Wellness Center offers the ONLY program of this kind in the Coastal Georgia area. This program is a consumer-driven dental health care model. One reasonably priced, program fee covers patient's Preventive services... no insurance co-pays, no undisclosed fees, no unexpected bills, no joke.

All additional dental treatment will be charged discounted program fee schedule.

We know that you might be doubtful. After all, dental health care and customer service are not usually provided simultaneously. However, our purpose is to provide the personalized patient-dentist relationship that you and your family deserve. Call our Program Manager at 912-445-5337 to learn more today.

WHAT ARE THE PROGRAM FEES?

"Single Adult" Program Membership (SA): \$428 (annually)

"Add on Adult" Family Member (AA): \$408 (annually)

"Single Child" Program Membership (SC): \$398 (annually)

"Add on Child" Family Member (AC): \$378 (annually)

To qualify for discounted "annual" program fee, fee must be paid in full at time of enrollment. Program membership will be valid for one year with initiation date on day of enrollment into program. Child must remain 12 years old for the entire year of program enrollment to qualify for Child program fees. If child turns 13 during the year, then adult program fees will apply. "Add On" Memberships must reside in same household as primary Member. Program benefits may not be combined with any other insurance benefits or dental discount programs. Not transferrable.

COMPARE THE SAVINGS: (Anticipated Patient Expenses using Standard Fees)

Adult Preventive annual expenses (13 years old and up) are: \$534

(DWCPDP Members save on Adult Preventive services: \$106/year)

(Comprehensive Exam, Periodic Exam, (2) Prophylaxis Cleanings, (2) Fluoride Varnish, (1) Panoramic X-ray, (1) Bitewing 4 Film Series)

Child Preventive annual expenses (12 years old and under) are: \$494

(DWCPDP Members save on Child Preventive services: \$96/year)

(Comprehensive Exam, Periodic Exam, (2) Prophylaxis Cleanings, (2) Fluoride Varnish, (1) Panoramic X-ray, (1) Bitewing 2 Film Series)

DENTAL WELLNESS CENTER PREFERRED DENTAL PROGRAM ANNUAL CONTRACT

The Dental Wellness Center Preferred Dental Program (DWCPDP):

We have you and your family covered. The DWCPDP is a reduced dental program that allows individuals and families to receive quality dental care at prices that make sense in today’s economy. You can enjoy the benefits of a group plan but with the individual attention of private dental care.

Our Annual Program benefits include:

- Routine Cleanings (Twice per calendar year)
- Exams (Initial Comprehensive and Periodic)
- All X-Rays (Bitewings twice and one Panoramic)
- Program’s Discounted Fees (20% OFF) for all “In Office” Procedures
- Program’s Discounted Fees (10% OFF) for all Orthodontic and Implant Treatment Plans

The cost of a DWCPDP membership:

“Single Adult” Program Membership (SA): \$428 (annually)

“Add on Adult” Family Member (AA): \$408 (annually)

“Single Child” Program Membership (SC): \$398 (annually)

“Add on Child” Family Member (AC): \$378 (annually)

To qualify for discounted “annual” program fee, fee must be paid in full at time of enrollment. Program membership will be valid for one year with initiation date on day of enrollment into program. Child must remain 12 years old for the entire year of program enrollment to qualify for Child program fees. If child turns 13 during the year, then adult program fees will apply. “Add On” Memberships must reside in same household as primary Member. Program benefits may not be combined with any other insurance benefits or dental discount programs. Not transferrable.

The Fine Print:

Plan duration is one year from enrollment date. To utilize the 10-20% discount on all services not covered at 100% under this program, all fees must be paid in full at time of treatment. No payment arrangements, billing, or filing of insurance are available. Please notify our office 48 hours in advance if you must change a scheduled appointment. A missed appointment may result in the loss of your DWCPDP membership. A new DWCPDP membership fee will then need to be paid to reestablish the program for your account. DWCPDP Members cannot use any other dental coverage in conjunction with this plan. Annual benefits expire one year from the date of enrollment.

By signing below, I agree to all terms detailed within this one page contract. My DWCPDP membership will initiate on _____ and expire on _____. My total Program Fees will be paid today in one Annual Payment of: \$ _____ for the members indicated below.

Primary Member Signature: _____ Date: _____

Print Member Name: _____ Birthdate: _____

circle type of membership... SA AA SC AC

DWC Patient Coordinator: _____ Date: _____

DWC Program Manager: _____ Date: _____

List Additional Members enrolled within this Program Membership: *circle type of membership...*

Name: _____ Birthdate: _____ SA AA SC AC

Name: _____ Birthdate: _____ SA AA SC AC

Name: _____ Birthdate: _____ SA AA SC AC

Name: _____ Birthdate: _____ SA AA SC AC