



MONTGOMERY GENERAL DENTISTRY

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2026 DISCOUNT DENTAL PLAN for PATIENTS without DENTAL INSURANCE

Our Discount Dental Plan is designed to provide affordability and greater access to quality dental care for our patients without dental insurance. With our plan, there are no yearly coverage maximums, no deductibles, no claim forms, no pre-authorization requirements, no waiting periods and no pre-existing condition limitations. Simply, we want to help make dental care more affordable, predictable and comfortable. For a yearly enrollment fee, you will receive your two yearly preventative care visits, which include exams, cleanings and ANY necessary x-rays, all at no cost. Any dental emergency exams and required x-rays will also be covered giving you further peace of mind. Additionally, for your continued commitment to your dental care and loyalty to our office, you'll receive 15% off all dental services along with specials on teeth whitening, power toothbrushes and other dental products.

ENROLLMENT:

\$550 per year for Single-Person Enrollment (Adult with Healthy Gums)
\$350 per year for Children 18 and Under, **\$1850** for Family of 5, **\$2100** for Family of 6
\$900 per year for Single-Person with Periodontal Disease/Periodontal Maintenance (4 cleanings per year)

COVERAGE:

- Existing patients will receive 2 (3 to 4 for Periodontal) regular teeth cleanings per year with checkup exams, fluoride application and any necessary x-rays when due. There are no frequency limitations on x-rays so if you need more x-rays more often, there is no added costs.
- New patients will receive their initial examination, cleaning, fluoride application, full series of x-rays (or 4 Bitewings/Panoramic X-ray) along with their 6-month checkup exam, cleaning and fluoride application.
- 15% off all dental services (unless noted) including sealants, fillings, crowns, bridges, partials, dentures, root canals, oral surgery, deep cleanings, Cone Beam CT Scans, implants and implant crowns/bridges.
- 15% off all whitening products, power toothbrushes & waterpiks, Rx toothpaste & mouthrinses, power toothbrush heads & other products.

Sample Fees for 1 Year for **New Patients** without Discount Plan:

- Initial Exam for New Patients: \$150
- Checkup Exam at 6 months: \$89
- Dental Cleaning (2x/year): $\$148 \times 2 = \296
- 1 Full Series of X-rays: \$210
- Fluoride Application (2x/year): $\$65 \times 2 = \130
- TOTAL: \$875**
- Emergency Exams with X-Rays (\$130-\$299) if needed
- All dental treatment at full prices

Sample Fees for 1 Year for **Existing Patients** without Discount Plan:

- Checkup Exams (2x/year): $\$89 \times 2 = \178
- Dental Cleaning (2x/year): $\$148 \times 2 = \296
- 4 Bitewing X-rays (1x/year): \$103 or Full Series X-rays: \$210
- 1 Panoramic X-ray (1 every 3 years): \$185
- Fluoride Application (2x/year): $\$65 \times 2 = \130
- TOTAL: \$707w/BWX, \$814w/Full Series, \$892 w/BWX/Pano**
- Emergency Exams with X-Rays (\$130-\$299) if needed
- All dental treatment at full prices

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PROGRAM GUIDELINES:

- Membership is valid for 1 year from date of first visit after enrollment unless otherwise noted.
- Memberships paid in full are valid for 1 year (12 calendar months). Each enrolled member shall receive 2 preventative care visits within that twelve-month period. These visits can occur anytime within that 12-month period. Periodontal patients will receive 3-4 cleaning visits.
- Enrollee and/or family members may renew year to year. No obligation to continue. No contracts. No auto-renewal.
- No age limitations on family members or children.
- Payment for services provided is due at the time of service.
- No partial year refunds of membership fees will be provided in the event the patient leaves the practice, moves or otherwise discontinues care.
- X-ray coverage does not include Cone Beam CT Scans. Those will be discounted at 15% along with other treatments noted above.

LIMITATIONS:

The Discount Dental Plan is not dental insurance and is secondary to any other plan. This plan is only honored at Montgomery General Dentistry and **CANNOT** be used:

- In conjunction with another dental insurance plan
- In conjunction with coupons, cash/same day pay discounts
- For services or injuries covered under worker's compensation
- For treatment, in which in the sole opinion of the treating dentist, lies outside the realm of their capability or training
- For referrals to specialists or treatment at any other dental office
- For hospitalizations or hospital charges of any kind
- For costs of dental care which is covered under automobile, medical or Worker's Compensation plans

ACKNOWLEDGEMENT:

I have read the above information on the Discount Dental Plan including Enrollment Fees, Coverage, Guidelines and Limitations. I understand that this is not dental insurance and cannot be used in conjunction with any other insurance or discount plan. With my dated signature and paid enrollment fee, I acknowledge that I shall serve as the Responsible Party on the account and that other members on the account agree to abide by the stipulations set forth above for the Discount Dental Plan provided by Montgomery General Dentistry.

Printed Name (Responsible Party):_____ Date:_____

Signature (Responsible Party):_____

Family Members for Discount Dental Plan (If Applicable):_____