



#### **Our Mission**

We are dedicated to providing the highest quality oral health care in a caring and cheerful environment with a commitment to uncompromised personal and professional service for each patient.

To Our Patients: We are committed to honest and open communication to build long lasting relationships built on mutual respect and trust. We seek to assure the wants and needs of each patient are recognized and fulfilled and to instill a desire for achieving and maintaining optimum oral health.

Our patients are the reason we exist as an organization and our objective is to make each patient an ambassador for continued health and success.

To Our Staff: We are committed to the hiring and development of the finest individuals in dentistry and rely on our knowledge, dedication, and energy to provide superior service. Our quality and performance are based on teamwork and communication in a supportive and uplifting environment.

**To Our Profession:** We are committed to remaining at the forefront of dental technology and techniques that make us the leader in our profession.

**To Our Community:** We are committed to serving as an organization that gives of its time and talents to enhance the community it serves. By centering our practice on strong values of honesty and trustworthiness, we strive to be a premier dental practice in this region.

Call us for more details at

(920) 748-7200

Enrollment is easy! Visit us at www.SilverCreekDentistry.com and download an enrollment form, or call our office at 920.748.7200. Payment is due at the time of enrollment.

Make checks payable to Silver Creek Dentistry



1209 W. Fond du Lac Str Ripon, WI 54971 (next to Walgreens)

# Dental Savings Plan

Exclusively at:

# **Silver Creek Dentistry**

Christopher Johnson, DDS
James Hamman, DDS
Kurt Walejko, DDS
Frances Hamman, DDS, MSD
1209 W. Fond du Lac Street
Ripon, WI 54971

920.748.7200

www.SilverCreekDentistry.com



Visit us on the web at:

www.SilverCreekDentistry.com
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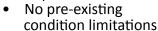


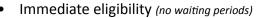
The Dental Savings Plan

Our Dental Savings Plan was created to provide affordability and greater access to quality dental care. If you have recently lost your dental coverage, or have never had dental coverage, this plan may be the right choice for you.

#### Advantages of the Dental Savings Plan are:

- No yearly maximums
- No deductibles
- No claim forms
- No pre-authorization requirements







#### 12 Month Enrollment Premiums

| <u>Plan</u>   | <u>Cost</u> |
|---|-------------|
| • Single  | \$372       |
| • Dual  | \$714       |
| • Family*   | \$1,060     |
| (Up to 3)   |             |
| • Each additional family member (4 to 6 members)    | \$298       |
| • Each additional family member (7 or more members) | \$250       |
| ,   |             |

Membership fees must be paid in full prior to receiving benefits.

### **Covered Services**

#### **Preventive**

| <u>Treatment</u> <u>Member Discount</u>                    |           |  |  |
|--|-----------|--|--|
| <ul> <li>Comprehensive Oral Exam</li> </ul>                | 100%      |  |  |
| (New patient, initial visit)                               |           |  |  |
| <ul> <li>Periodic Oral Exam</li> </ul>                     | 100%      |  |  |
| <ul> <li>Limited Oral Exam</li> </ul>                      | 100%      |  |  |
| (Problem focused)  |           |  |  |
| <ul> <li>Full Series of X-rays OR Panorex</li> </ul>       | 100%      |  |  |
| (Once every 3 years)                                       |           |  |  |
| <ul> <li>3D Cone Beam/CT Imaging</li> </ul>                | 20%       |  |  |
| <ul> <li>Periapical X-ray, first film</li> </ul>           | 100%      |  |  |
| <ul> <li>Periapical X-ray, each additional film</li> </ul> |           |  |  |
| <ul> <li>Cavity Detecting X-rays</li> </ul>                | 100%      |  |  |
| (1 set per benefit year)                                   |           |  |  |
| Healthy Routine Child Cleaning                             | 100%      |  |  |
| (2 per benefit year)                                       |           |  |  |
| Healthy Routine Adult Cleaning                             | 100%      |  |  |
| (2 per benefit year)                                       |           |  |  |
| • Periodontal Therapy/Non-Routine Cleaning 20%             |           |  |  |
| • Fluoride   | 100%      |  |  |
| (2 per benefit year, no age limit)                         | /         |  |  |
| Sealants (no age limit)                                    | 50%       |  |  |
| • Periodontics   | 20%       |  |  |
| S  | No Charge |  |  |
| . •  | No Charge |  |  |
| Consultation   | No Charge |  |  |
| Restorative  |           |  |  |

#### **Restorative**

| <u>Treatment</u>                             | Member Discount |
|--|-----------------|
| <ul> <li>Fillings</li> </ul>                 | 20%             |
| <ul> <li>Crowns/Onlays/Inlays/Bri</li> </ul> | dges 20%        |
| <ul> <li>Oral Surgery</li> </ul>             | 20%             |
| <ul> <li>Dentures &amp; Partials</li> </ul>  | 20%             |
| <ul><li>Implants</li></ul>                   | 20%             |
| <ul> <li>Root Canal Therapy</li> </ul>       | 20%             |
| <ul> <li>Extractions</li> </ul>              | 20%             |

| Other  |             |                 |
|--|-------------|-----------------|
| <u>Treatment</u>                               | Member      | <u>Discount</u> |
| • Whitening - At Home & Ir                     | n Office    | 20%             |
| (excludes Whitening For I                      | Life Progra | m)              |
| <ul> <li>All Orthodontics</li> </ul>           |             | \$500 off       |
| (applies to full cases only                    | ·)          |                 |
| <ul> <li>Bite Guard - Lab Fabricate</li> </ul> | ed          | 20%             |
|  | Povisod a   | of 01/1/2019    |

Revised as of 01/1/2018

# Program Exclusions and Limitations

This program is a discount plan, not a dental insurance plan. It cannot be used:

- In conjunction with any other dental plan (i.e.: Dental Insurance, Third Party Financing, etc.)
- For treatment of injuries covered under workman's compensation
- For treatment which, in the sole opinion of the treating dentist, lies outside the realm of their capability
- For referrals to specialists
- For any services provided outside this office
- For costs of dental care when treatment is covered under any other accident or medical insurance
- With any other offers

#### **Program Guidelines**

- There will be a \$50 reinstatement fee if your plan lapses
- NON-REFUNDABLE (No refund of premiums will be issued at any time for any reason if participant decides not to utilize their Dental Savings Plan)
- You will not receive a membership card. Your plan's effective date will be on file with our office
- Premium rates are based on current fees and valid for a 12 month enrollment period based on enrollment month (not day)

Benefits eligible only at:

## **Silver Creek Dentistry**

Christopher Johnson, DDS James Hamman, DDS **Kurt Waleiko, DDS** Frances Hamman, DDS, MSD

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<sup>\*</sup>Family Plan includes dependents living at the same residence as the primary enrollee. Benefit eligibility for dependents included until age 26.