

Eligibility Criteria

To take advantage of this Wellness Plan, you must be a new or established patient of Lakeside Family Dentistry and do not have dental insurance.

Program Guidelines

- Patient's portion of bill is due at time of treatment.
- Membership is 1 year from date of enrollment.
- There will be a \$50 reinstatement fee if your plan lapses.
- Plan may not be used with any dental insurance plan.
- No refunds will be issued at any time if participant decides not to utilize plan.
- Our Wellness Plan is a discount plan, NOT an insurance plan.



Our Wellness Plan

Provides comprehensive dental care for less than out of pocket costs associated with traditional dental insurance. This is NOT an insurance plan.

Our Wellness Plan is designed to provide you an affordable way to have the dental care you deserve.

Treatment or services completed by other providers do not apply to this plan. Only patients of Lakeside Family Dentistry without dental insurance are eligible for this plan.

- Plan covers 12 months. Renewable annually from enrollment date.
- NO yearly maximums
- NO deductibles
- NO claim forms
- NO preauthorization required
- NO waiting period
- NO pre-existing condition limitations.

Payment in full at time of service is required. This plan excludes: Rx toothpaste, bleach refills and Invisalign (clear aligner).

We accept cash, check, credit card.

Care Credit "6 month deferred interest" is excluded from this plan.



a division of Central Virginia Dental Care, PLC

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Wellness Plan For Lakeside Family Dentistry

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Plan Benefits

New Patients pay \$399

Established Patients pay \$349

You Will Receive

- 2 exams per year
-Comprehensive & periodic (New patient)
-Periodic (established patient)
- Any necessary x-rays during exam
- 2 Routine cleanings per year
- Oral Cancer Screening
- Fluoride (1/year) up to age 17
- Intraoral photos (as needed)
- 1 Emergency exam with x-rays

Your Membership also includes

- 15% discount on all treatment when paid at time of service.

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Plan Comparisons

Traditional Insurance Coverage Breakdown

- \$550 Average annual premium
- \$1000-\$1500 annual max coverage
- \$50+ deductible
- Required copay

Fee Schedule Breakdown

- Exam \$84-\$117
- Routine Cleaning** (2x/yr.) \$140
- Bitewing x-rays 1x/year \$60
- Panorex x-ray (1x/3 years) \$110
- Oral Cancer Screening included
- Emergency Exam + x-ray \$100

No Insurance \$494-\$527/person

Our Wellness Plan \$349-\$399

**Any periodontal treatment will be offered at a 15% discount

Beyond Comprehensive Care

How would Our Wellness Plan compare with no dental insurance in a year with an unforeseen emergency?



No Dental Insurance

- Average Routine Care \$494-\$527
- (2) Restorative fillings \$500
- (1) Crown Cost \$1400

_____ vs _____

Our Wellness Plan

- Membership Fee \$349-\$399
(all routine care) **savings \$128-\$145**
- (2) Restorative fillings \$425
Your 15% savings \$75
- (1) Crown Cost \$1190
Your 15% savings \$210