

NO INSURANCE? No Problem With Klassen Care

Your Membership Includes:

- ✓ One comprehensive exam
- ✓ A complete set of x-rays (new patients) OR 4 bitewings (existing patients)
- ✓ One additional periodic check-up
- √ Two preventive cleanings (*does not include deep cleanings)
- Oral cancer screening
- ✓ Two fluoride treatments
- Any additional x-rays needed throughout the year
- √ 15% OFF Treatment: extra cleanings (more than 2), periodontal/gum treatments, fillings, sealants, crowns, root canals, extractions, partial dentures, dentures and veneers.

NOT discounted with the plan: Dental Rinses, Oral B Toothbrush, Whitening, Invisalign, Toothpaste.

Annual Premiums

| Single | \$477 (savings of at least \$146) |
|-----------------|-------------------------------------|
| Family of 2 | \$893 (savings of at least \$353) |
| Family of 3 | \$1,309 (savings of at least \$560) |
| Family of 4 | \$1,725 (savings of at least \$767) |
| Each Additional | \$416 |

^{*}For husband/wife, parent/child only

Compare to Typical Dental Insurance

| | Klassen Care | Insurance | |
|--------------------------|--------------|-----------------|--|
| | | | |
| Annual Premium (single) | \$477 | \$700 | |
| Deductible / Co-pay | \$0 | \$50-\$250 | |
| Maximum Yearly Allowance | Unlimited | \$1000-\$15000 | |
| Waiting Period | None | Up to 12 months | |
| Annoying Paperwork | None | Lots | |



Guidelines:

- Membership fees are due up front and are non-refundable
- Patient's portion of bill is due one week before service (for fillings, crowns, etc.)
- Membership expires 12 months after signing up. Benefits can be used anytime during that period
- Membership cannot be suspended or "frozen"
- Membership is non-transferable
- Cannot be used in conjunction with another payment plan (such as Care Credit) or dental insurance
- Membership is only for services rendered in the office of Carly Klassen, DDS, PA

Membership cannot be used for:

- Any payment due to a specialist or hospital
- Treatment which, in the sole opinion of Dr Klassen, lies outside the realm of her capability
- For services of injuries covered under worker's compensation

By signing below, I acknowledge that I have read the membership details of Klassen Care and understand that it is not insurance. I agree to pay membership fees upon enrollment and abide by the plan's guidelines and limitations. Carly Klassen, DDS, PA reserves the right to modify the Klassen Care membership fees, terms, and services after twelve months.

*Membership Expires 12 months from enrollment date.

| Name(s) of those enrolled: | | |
|---------------------------------|------|--|
| | | |
| | | |
| | | |
| Signature of Responsible Party: | | |
| | | |
| Date: | | |
| | | |
| Expiration Date: | | |