

ROBINSON & PRIJIC FAMILY DENTAL ASSOCIATES, A MIDWEST DENTAL FAMILY PRACTICE DENTAL PLAN

The Robinson and Prijic Family Dental Associates Dental Plan was developed primarily to provide affordable, quality dental care to our community. Our philosophy at Robinson & Prijic Family Dental Associates allows our team of professionals to deliver excellent, affordable care in a relaxed, comfortable atmosphere. We invite you to apply for this opportunity to become a part of our dental family.

The Robinson & Prijic Family Dental Associates Dental Plan is ideal for:

- Individuals and Families
- Retirees
- Self-Employed
- Anyone without dental coverage

Patients have the opportunity to enjoy the following included services:

- 2 cleanings per plan year
- 2 periodic exams per plan year
- 4 bite wing x-ray films per plan year
- 2 periapical x-ray films per plan year
- 1 full mouth x-ray (usually taken every 3-5 years)
- 2 fluoride treatments for children up to age 14 per plan year
- 2 Oral Cancer Screenings per plan year

Average Preventive Value: \$563.00 per person per year

- **No Annual Maximums**
- **No Pre-authorizations**
- **No Waiting Periods**
- **No Claim Forms**

Members of the plan will also receive a discount on dental services as described below.

| Service | Plan Discount (if paid by cash, check or major credit card at time of service) (excludes Care Credit) |
|---------------------------|--|
| Sealants | 50% |
| Fillings | 20% |
| Oral Surgery (basic) | 20% |
| Bleaching | 40% |
| Root Canals | 15% |
| Periodontics | 15% |
| Crown and Bridge Services | 15% |
| Partials/Dentures | 10% |
| Implant Services | 10% |

Services not listed above are not discounted

Plan costs per year:

| Coverage | Annual Payment* |
|------------|-----------------|
| Single | \$425 |
| Dual | \$795 |
| Family (3) | \$1,195 |
| Family (4) | \$1,575 |
| Additional | \$395 |

* Annual Payment can be made by cash, check, credit card or Care Credit.

For more information please contact our office 608-756-1229 or info@robinsonprijic.com

\$25 one time application fee per person

\$50 maximum application fee per family

Prices effective January 1, 2016

APPLY TODAY

You can apply in one of three ways.

1. BY MAIL*: Open our PDF application. Select Fill and Sign. Fill out your information, Select Sign to sign your document. Print and Mail the application to the below address or drop it by our office. You can pay by cash, check or credit card at the office, or by credit card over the phone.

Robinson & Prijic Family Dental Associates
1714 R. Randall Ave.
Janesville WI 53545
608-756-1229

2. IN PERSON OR BY PHONE*: Come visit us at our office or call us at 608-756-1229, You can pay by cash, check or credit card at the office, or by credit card over the phone.
3. BY EMAIL*: Open our PDF application. Select Fill and Sign. Fill out your information, Select Sign to sign your document. Save your document. Attach your document to an email and send to info@robinsonprijic.com . You can pay by cash, check or credit card at the office, or by credit card over the phone.

*Please note

- Members must pay the application fee and annual fee prior to receiving a membership card
- Cannot be used for purchase of dental retail products
- Total payment amount is due at time of service. If full payment is not received at time of service, discount for services will be void. (Payment must be cash, check or major credit card- excludes Care Credit)
- Cannot be combined with any other discount
- Payment is due at the start of each membership year
- Discounts or included dental services are non-transferable
- Application fees are non-refundable. Annual payments are non-refundable after any services have been performed