

- ✔ No waiting periods
- ✔ Quality care for adults and children
- ✔ No deductibles
- ✔ No exclusions
- ✔ No claims to file
- ✔ State-of-the-art facility
- ✔ No annual limit (no maximum)



[Facebook.com/DentistryByDesignMHK](https://www.facebook.com/DentistryByDesignMHK)

[DentistryByDesignKS.com](https://www.DentistryByDesignKS.com)

Ph: 785.789.4137 Fax: 785.539.1121
1110 Westport Dr, Manhattan, KS 66502



Dentistry By Design Premier Dental Plan

We are pleased to offer an in-office dental benefit for our patients that do not currently have dental coverage. This plan allows our patients to receive optimal dental care while maintaining their oral health.



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Plan Benefits

- **2 FREE** professional cleanings with free exams and checkup x-rays
- **FREE** children’s fluoride treatments
- **15% discount** on routine restorative treatment & general dentistry services
- **\$145 for each** additional recommended cleaning
- **One FREE** emergency exam
- **15% discount** on any additional emergency exams & x-rays

Annual Membership

Individual: \$459

Individual + Spouse: \$799

Child: \$399

Paying for Your Plan

The Dentistry By Design Premier Dental Plan requires payment in full. If you change your mind during the first 30 days, you may cancel your membership and pay all regular fees for all services provided since joining the program. After 30 days, the program is nonrefundable.

This is not an insurance product. This plan provides reduced fees for our patients so they can receive optimal dental care in the absence of dental insurance.

Enroll today

Complete form or visit DentistryByDesignKS.com

Name _____

Address _____

City _____ ZIP _____

State _____ Ph. # _____

Dependent Name _____

DOB _____ Relationship _____ M

Dependent Name _____

DOB _____ Relationship _____ M

Dependent Name _____

DOB _____ Relationship _____ M

Payment options

Please check one option

\$459 Individual (annually)

\$799 Individual + Spouse

\$399 Child

Method of payment

Bill my credit card — check one

Visa MasterCard Check Cash

Name on Card _____

Account # _____

Expiration Date _____ CVC _____

Authorization

I understand the plan description of service and membership agreement will be provided prior to enrollment upon request. I agree that you will bill my credit card account automatically to renew my membership each year. I understand that I may cancel my membership at any time.

Signature _____

Date _____