

## Please List All Unmarried Children Up to Age 25

1. Child's First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Son / Daughter  
Date of Birth \_\_\_\_\_

2. Child's First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Son / Daughter  
Date of Birth \_\_\_\_\_

3. Child's First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Son / Daughter  
Date of Birth \_\_\_\_\_

4. Child's First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Son / Daughter  
Date of Birth \_\_\_\_\_

Patients agree that Farinacci Dental Care fees stated must be paid at the time services are rendered. Any service not paid for at the time of service will be billed at usual & customary fees. Membership fees are valid only when paid at the time of enrollment. All family members must reside in the same household. This is not an insurance product. Membership renews annually on the day & month of initial enrollment. Membership renews automatically unless member formally requests otherwise in advance. Member may cancel enrollment at any time. Requests to terminate or cancel enrollment must be issued in writing to Farinacci Dental Care. If Farinacci Dental Care chooses to cancel a member's enrollment, member will be given a refund pro-rated for the remainder of the current enrollment period. If Farinacci Dental Care cancels a member's enrollment due to non-payment of fees, no pro-rated refund will be given. Any complaints may be addressed directly to Farinacci Dental Care in writing or submitted to the Ohio Department of Insurance via [www.insurance.ohio.gov](http://www.insurance.ohio.gov) or by calling 1-800-686-1526.

# Welcome to Our Office!

## Enroll Today!

### Join Farinacci Dental Care's In-House Premier Dental Care Membership

- All Health Conditions Accepted!
- You Cannot Be Denied Coverage!
- No Waiting Period!
- No Health Questions!
- You Cannot Be Singled Out for Rate Increases or Cancellations!

### Membership Includes the Following Services at No Charge:

- Comprehensive Exam (once every six months)
- Fluoride Treatment for Children (under the age of 18, once every six months)
- X-Rays (once every 12 months)
- Cleaning (Prophylaxis) (once every six months)

Call Today for Your Appointment & More Details!

Low-Cost Individual Membership  
As Low as \$16.25/mo.



Our office is located half a mile north of the intersection of Everhard Road & Main Street.



1225 South Main Street  
North Canton, OH 44720

330-497-7302

[OhioSmileCenter.com](http://OhioSmileCenter.com)

Affordable Dental Care Membership  
For You & Your Entire Family

As Low as \$16.25/mo.



We're Making Excellence in Dentistry Affordable for You!

# Low-Cost Individual Membership

As Low as **\$16.25/mo.**

Now you can join our low-cost dental savings membership for a nominal fee. Our membership entitles you to preventive dental care at no cost! Corrective services are available for small fees that are far less than the usual, customary fees. Our professional staff is qualified to care for all of your dental needs!

To enroll, simply fill out the enclosed enrollment form & return it with your check, money order or credit card information. Please make check or money order payable to Farinacci Dental Care.

## Low-Cost Memberships

- Individual ~ \$195/year
- Individual & Spouse ~ \$335/year
- Family ~ \$455/year (two adults & two kids)
- Additional Child in Family ~ \$109/year



# Low-Cost Individual Dental Coverage

## Preventive Dentistry

Service	Member Fees "Basic Care"	Regular Fees
Examination.....(every six months)	No Charge	\$68
X-Rays (every 12 months)	No Charge	\$90
Adult Cleaning.....(every six months)	No Charge	\$109
Children's Cleaning.....(every six months)	No Charge	\$90
Fluoride Treatment.....for Children (every six months)	No Charge	\$55

## Periodontics

Service	Member Fees "Basic Care"	Regular Fees
Root Planing.....(per quadrant)	\$262	\$328
Periodontal Maintenance	\$117	\$147

## Orthodontics

Service	Member Fees "Basic Care"	Regular Fees
ClearCorrect.....(financing available as low as \$89/mo.)	\$5,048	\$6,310
Nightguard.....	\$530	\$663

## Fillings

Service	Member Fees "Basic Care"	Regular Fees
1 Surface.....(composite/tooth-colored)	\$192	\$241
2 Surfaces.....(composite/tooth-colored)	\$236	\$295
3 Surfaces.....(composite/tooth-colored)	\$290	\$363
4 Surfaces.....(composite/tooth-colored)	\$355	\$444

## Crowns & Bridges

Service	Member Fees "Basic Care"	Regular Fees
All-Porcelain Crown.....(per unit)	\$1,136	\$1,420
Porcelain Onlay.....(per unit)	\$1,056	\$1,320

## Other Treatments

Service	Member Fees "Basic Care"	Regular Fees
Emergency Exam	\$.98	\$.123
Cosmetic Whitening	\$250	\$508
Sealants (per tooth)	\$.46	\$.58

Please Inquire About Services Not Listed Here!

## Complete This Form to Begin Enrollment!

First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Middle Initial \_\_\_\_\_ Female / Male  
 Home Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ S.S.# \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Spouse First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Middle Initial \_\_\_\_\_ Female / Male  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ S.S.# \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Enrollment Period \_\_\_\_\_ to \_\_\_\_\_  
 Signature (member & spouse) \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_  
 American Express / Discover / Mastercard / Visa  
 Card Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_

Make check or money order payable to Farinacci Dental Care.



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