

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 insurance.ohio.gov or by calling 1-800-686-1526.

Low-Cost Individual Membership
As Low as **\$18.75/mo.**
No Deductibles, Ever

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!

Welcome to Our Office!



1225 South Main Street, North Canton, OH 44720

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

330-497-7302 • OhioSmileCenter.com

chrisad

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Affordable Dental Care Membership

For You & Your Entire Family

As Low as **\$18.75/mo.**



We're Making Excellence in Dentistry Affordable for You!

Low-Cost Individual Dental Coverage

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 Individual Membership

As Low as **\$18.75**/mo.

- Individual ~ \$225/year
- Individual & Spouse ~ \$400/year
- Family ~ \$545/year (two adults & two kids)
- Additional Child in Family ~ \$109/year

Preventive Dentistry

Service	Co-Pay
Examination.....	No Charge (every six months)
X-Rays (every 12 months).....	No Charge
Adult Cleaning.....	No Charge (every six months)
Children's Cleaning.....	No Charge (every six months)
Fluoride Treatment	No Charge for Children (every six months)

Periodontics

Service	Co-Pay
Root Planing.....	\$273 (per quadrant)
Periodontal Maintenance.....	\$122

Orthodontics

Service	Co-Pay
Invisalign®	\$5,100 (financing available as low as \$89/mo.)
Nightguard	\$540

Fillings

Service	Co-Pay
1 Surface	\$201 (composite/tooth-colored)
2 Surfaces	\$246 (composite/tooth-colored)
3 Surfaces	\$302 (composite/tooth-colored)
4 Surfaces	\$370 (composite/tooth-colored)

Crowns & Bridges

Service	Co-Pay
All-Porcelain Crown	\$1,181 (per unit)
Porcelain Onlay	\$1,098 (per unit)

Other Treatments

Service	Co-Pay
Emergency Exam	\$102
Cosmetic Whitening	\$422
Sealants (per tooth)	\$48

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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