

# Creating Smiles

Come in today to see why our smiles last for a lifetime.



**24 Hour**  
Emergency Dental Service

📍 1978 Maple Ave  
Zanesville, OH 43701

☎ (740) 454-9701

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[www.parkerfamilydentistry.com](http://www.parkerfamilydentistry.com)

# Are you Living Without Dental Insurance?

## MEMBERSHIP COVERAGE

The **Parker Dental Group** membership is an affordable program for those living without dental insurance but understand the importance of dental care. With our membership, you no longer have to worry about not having insurance to maintain routine dental visits.

With your Comprehensive Dental Plan there are:

- No Claim forms
- No pre-authorization Requirements
- No Pre-existing conditions
- Free Consultations
- Dentistry on your schedule without worrying about Insurance

### Benefit Premiums

Adult	\$255
Child	\$175

\*Adult memberships, age 14 and older.

\$597 value plus you save on discounted treatment

- **Periodontics and Root Canals 10%**
- **Veneers, Dentures & Partials 10%**
- **Dental Implants 10%**
- **Crowns, Fillings and Extractions 15 %**

- Plan Includes
- Comprehensive Exam (New Patient, Initial Visit)
  - Periodic Exam (2 per year)
  - Bite-wing X-rays (1 per year)
  - Healthy Cleaning (2 per year)
  - Fluoride (2 per year)
  - Sealants (Reduced 10%)
  - Emergency Exam & X-ray (Reduced 20%)
  - Periodontal Therapy (Reduced 10%)
  - Periodontal Maintenance (Reduced 10%)

Complete series or Panorex X-rays- 20% off

## Membership Guidelines

- Non-refundable, non-transferable.
- Discounts are not eligible towards the purchase of a membership (i.e.. senior discounts or pre-pay discounts).
- Discounts may be utilized for restorative treatment.
- No refunds or premium will be issued at any time if participant decides not to utilize the membership plans.
- Your plan is effective for 12 months and will expire 1 year from the date of purchase.
- Membership coverage is subject to revision annually.
- Cash or Check Only (No Credit Cards)

## MEMBERSHIP APPLICATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Enrollment Period: \_\_\_\_\_  
Staff Initials: \_\_\_\_\_