

## LILAC FAMILY DENTAL SAVINGS PLAN

### ANNUAL MEMBERSHIP FEES:

**INDIVIDUAL PLAN**      **\$279.00**

**SELF & SPOUSE**      **\$399.00**

**SELF & FAMILY**      **\$499.00**

*(Up to five family members maximum. Can include self, spouse and children under 21 years of age residing in the same household.)*

### ANNUAL MEMBERSHIP INCLUDES:

- Two cleanings, exams and fluoride treatments (for patients up to age 18) for each person per membership year.
- One set of full x-rays or Panorex, and one set of bite-wing x-rays per person per membership year.
- 20% discount for most other dental care for each person per membership year.

*With your membership, you can save more than \$150 on cleanings, exams and x-rays. Plus, 10-20% off all other dental services offered at Lilac Family Dental.*

### \*TERMS AND CONDITIONS:

It is important to us that you understand the terms and conditions of the Lilac Family Dental Savings Plan so we are not hiding it in the "fine print." Payment for service is expected at the time it is rendered in order to receive your savings unless previous financial arrangements are made. Fees may be paid by cash, check, credit or FSA/HSA cards.

Lilac Family Dental Savings Plan is not dental insurance and does not serve as a substitute for comprehensive dental insurance coverage. Participation will terminate automatically if the patient obtains dental insurance. Discounts may not be used in conjunction with any other discount plans or insurance programs. This plan does not cover expenses incurred from Workers Compensation claims related to injuries or trauma-related injuries such as auto accidents.

Lilac Family Dental reserves the right to make changes to these terms and conditions at any time. Once membership is purchased, fees are non-refundable. Membership period is valid for one year from date of enrollment. Membership is only valid at Lilac Family Dental. Further restrictions may apply.

**www.LilacFamilyDental.com**  
**585.586.4674**

## Plan Highlights with Your Membership Fee

PROCEDURE	SAVINGS	ADA CODE #
(2) Periodic Exams	FREE	0150, 0120
(2) Periodic Cleanings	FREE	1110
(1) Periodic Bite-Wing X-Ray	FREE	0274
(2) Fluoride Treatments (up to age 18)	FREE	1208
(1) Set of Full X-Rays or Panorex	FREE	0210, 0330
Fillings, Inlays and Onlay	20% OFF	
Periodontal Cleaning	20% OFF	
Dental Crowns	20% OFF	
Bridge & Implant Restoration	20% OFF	
Dentures	20% OFF	
Dental Extraction	20% OFF	
Root Canals	20% OFF	
Sedation	20% OFF	
Emergency Visits (not including after hours visits)	20% OFF	
Partial Denture	20% OFF	
Teeth Whitening	10% OFF	
Orthodontics	10% OFF	

## Enroll Today at [www.LilacFamilyDental.com](http://www.LilacFamilyDental.com) or Complete and Send in the Form Along with Your Membership Fee

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

D.O.B. \_\_\_\_\_

Spouse \_\_\_\_\_ D.O.B. \_\_\_\_\_

Child \_\_\_\_\_ D.O.B. \_\_\_\_\_

Child \_\_\_\_\_ D.O.B. \_\_\_\_\_

Child \_\_\_\_\_ D.O.B. \_\_\_\_\_

### MEMBERSHIP TYPE:

SELF \$279.00    SELF & SPOUSE \$399.00    SELF & FAMILY \$499.00  
(Up to five family members maximum. Can include self, spouse and children under 21 years of age residing in the same household.)

**PAYMENT:**    Check    Credit Card

Card Type:    Visa    MasterCard    Discover    American Express

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

I agree to pay the amount charged for the membership selected. Membership starts on the date membership is received and processed by Lilac Family Dental. I also agree to the terms and conditions of this plan.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Make check payable to **Lilac Family Dental.**

Mail completed enrollment form along with membership fee to:  
**Lilac Family Dental, 214 West Commercial Street, East Rochester, NY 14445**

Call today for more information **585.586.4674**

Membership materials will be mailed to you.



**GET AFFORDABLE DENTAL CARE WITH LILAC FAMILY DENTAL SAVINGS PLAN**

**Lilac Family Dental Savings Plan** helps patients and families without dental benefits get access to quality, trusted dental care. The Lilac Family Dental Savings Plan is designed to help our patients and their families save money on periodic and preventive dental treatment and services.

Memberships includes two **FREE** cleanings and exam visits within the 12 months of enrollment. Plus, you'll receive a **10-20%** discount on most dental treatment with no annual limits.

Once we receive and process your enrollment form and membership fee, you will receive your membership card. Present your membership card to our office at the time of service to take advantage of your savings. It's that simple.

**LOW COST MEMBERSHIP**  
INDIVIDUALS JUST \$279.00 PER YEAR!

**NO** WAITING PERIODS.

**NO** ANNUAL LIMITS.

**NO** PRE-EXISTING EXCLUSIONS.

**NO** DEDUCTIBLES.

SIGN UP TODAY AND START TAKING  
ADVANTAGE OF YOUR SAVINGS!



Lilac Family Dental  
214 West Commercial Street  
East Rochester, NY 14445  
[www.LilacFamilyDental.com](http://www.LilacFamilyDental.com)



**Affordable Dental  
Care for Individuals  
and Families Without  
Dental Benefits!**

**MAKING SMILES BLOOM  
WITH DENTAL SAVINGS**



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