

PROTECT WHAT —————
————— MATTERS MOST.

**NO INSURANCE?
NO PROBLEM.**

WE HAVE YOU COVERED



LOVe
DENTISTRY
Healthy, Strong and Beautiful

10111 E. 21st St N. Ste. 102
Wichita, KS 67206

WEB | lovedentistry.net — PH | 316.440.9700

\$31 per month

\$100 lifetime activation fee

- Two dental cleanings per year
- Two dental exams yearly
- Necessary x-rays
- One limited or emergency exam per year
- 20% off all other treatment

\$26 per month

**+1 child, additional \$15 Monthly
\$100 lifetime activation fee**

- Two dental cleanings per year
- Two dental exams per year
- Necessary x-rays
- One fluoride treatment per year
- One limited or emergency exam per year
- 20% off all other treatment

\$50 per month

\$100 lifetime activation fee

- Three to four dental cleanings per year
- Two dental exams per year
- Necessary x-rays
- One limited or emergency exam per year
- 20% off all other treatment

*Exams may not be needed for each routine cleaning but will be necessary at least one time per year.

* Dental cleanings should be maintained at twice per year. If not, dental needs could change resulting in transfer to a periodontal membership plan at an increased rate.

* Sedation related expenses and some other treatment may be excluded from the plan. Please check with our insurance staff for exclusions.

*Late payments will be assessed a fee of \$25.00.

* Accounts past due by 30 days will require a \$30.00 reinstatement fee.

*Exams may not be needed for each routine cleaning but will be necessary at least one time per year.

*Fluoride treatments are recommended but are not required to maintain your coverage.

*Sedation related expenses and some other treatment may be excluded from the plan. Please check with our insurance staff for exclusions.

* Dental cleanings should be maintained at twice per year. If not, dental needs could change resulting in an increased frequency of dental cleanings and will incur additional expenses.

*Late payments will be assessed a fee of \$25.00.

* Accounts past due by 30 days will require a \$30.00 reinstatement fee.

*Exams may not be needed for each routine cleaning but will be necessary at least one time per year.

* Dental cleanings should be maintained as recommended by the doctor and/or hygienist.

* Sedation related expenses and some other treatment may be excluded from the plan. Please check with our insurance staff for exclusions.

*Late payments will be assessed a fee of \$25.00.

* Accounts past due by 30 days will require a \$30.00 reinstatement fee.

**ANNUAL ADULT
MEMBERSHIP**

**ANNUAL CHILD
MEMBERSHIP**

**ANNUAL
PERIODONTAL
MEMBERSHIP**