

Flex Smile Club

Are you putting off dental care because you don't have insurance? If so, you are not alone. Here at Crawfordsville Hometown Dental, we believe that every patient has a right to a lifetime of good oral health. We are committed to providing the finest dental care with first-class customer service at an excellent value. In order to make this possible for all of our patients, we are now offering a solution that fits your budget and lifestyle, our **Flex Smile Club!**

ANNUAL MEMBERSHIP BENEFITS INCLUDES

- Two Cleanings
- Two Exams by Doctor
- One set of cavity detecting x-rays
- Two Fluoride treatments
- Single Emergency Exam and single film x-ray
- 15% discount on all dental work, excludes cosmetic and orthodontic procedures

Appointments during designated **Flex Smile Club** time to qualify for discount. **Flex Smile Hours: 9 AM-3 PM**

ANNUAL MEMBERSHIP COST

Single Member.....	\$377
Child member (under 15)	\$294
Periodontal Patient (4 cleanings)	\$700

ADDITIONAL INFORMATION

- Your individual plan will be determined by your dental hygienist and Dr. Fueurstein and may require an initial evaluation appointment.
- Expires one year (12 months) from start date.
- No waiting periods. No annual maximum limits.
- Valid with health savings accounts, flex spending accounts, and health reimbursement plans

**No Dental Insurance?
No Problem!**

**Join Our Flex Smile
Club**

**Low Annual
Membership Cost**

**Up to 35%
Savings**

**15% Additional
Discount**

Feel Confident



510 E. Market Street
Crawfordsville, IN 47933
(765) 362-6692

Flex Smile Club Registration

Please enroll me in the Flex Smile Club. I understand that this is a 12-month contract with Greencastle Hometown Dental and will expire one year from date of enrollment.

Terms and Conditions:

- No further discounts apply
- Enrollment fees are non-refundable
- Cleanings and dental treatments must be performed in the same benefit year.
- Membership payment is due at the time of enrollment.
- Cosmetic and Orthodontic treatments are not discounted services.
- CareCredit may be used for dental treatment at a discounted rate of 5%. With CareCredit, Hometown Dental pays the interest (10%) on the payment plan.

Patient Name: _____

Effective Date: _____

End Date: _____

Single Member \$377

Additional Member \$377

Name: _____

Child Member \$294

Name: _____

Child Member \$294

Name: _____

Child Member \$294

Name: _____

Periodontal Patient \$700

Name: _____

Total: _____

Signature: _____

Date: _____



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