



Fort Wayne Pediatric Dentistry Cash Pay Plan

What is it? It's a simple discount for families who pay for their services without insurance.

How does it work? You pay a simple, one-time fee to join (1 child - \$50, 2 children - \$100, 3 or more children \$150). You get fees that are reduced (40-55% for preventative services, 25-45% for treatments like fillings, extractions, etc.).

How much will I save? Check it out with the examples below. You'll start saving right away, and it'll likely pay for itself at the first visit. Every time we create a treatment plan for your child, you'll see what your savings will be.

	Regular	Cash Pay Plan	Savings
Checkup: Exam, child's cleaning, x-rays, and fluoride	\$206	\$118	\$88 (43%)
Prevention: Sealants on all four permanent 6-year molars	\$262	\$120	\$142 (54%)
Filling: Single surface filling with nitrous oxide sedation	\$255	\$180	\$75 (29%)
Extraction: Extraction with space maintainer	\$526	\$295	\$231 (44%)

Do I need to pay in cash? No, we accept cash, check, credit card, and financing with care credit. Just remember that you'll need to pay at time of service.

So what's the catch? There is no catch! We just ask that families do three things:

- (1) Keep you child's appointments and show up on time,
- (2) Pay the bills on time (the day of treatment), and
- (3) Always bring a smile and a positive attitude.

Where was this before? It's new starting January 2022! We've been working on it for a while, but we were a little delayed due to the challenges and changes associated with the pandemic.

How do I sign up? All you need to do is write the names of your children on the signup form and send it back to our office (electronically or mail). Once received, we will mail you a confirmation letter and treatment plan showing the discounts you will receive at upcoming visits.



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- **I acknowledge that I will pay a one (1) time fee of \$50.00 per child** up to \$150 for 3 or more kids to be entered into the cash payment plan with Fort Wayne Pediatric Dentistry for each member of my family to utilize these benefits.
- **I am aware that this plan will only be valid if I am paying in full for services** on or before the date they are rendered; if payment is not received in full by that date discounts will not be applied to the remaining balance.
- **I acknowledge that this is a non-refundable payment** even if I choose to transfer care or do not pursue care needs with Fort Wayne Pediatric Dentistry.
- **I acknowledge that this is not an insurance policy** and that this will simply give my family discounted rates on services in lieu of traditional insurance plans. I further acknowledge that this cannot be used in conjunction with traditional insurance plans and if I provide insurance to the practice at any point in my enrollment the cash pay plan will not apply.
- **I acknowledge that this is a benefit that I can opt out of at any point.**
- **Fort Wayne Pediatric Dentistry can also opt out of this coverage** if myself or members of my family do not follow the Code of Conduct Agreement which states that families need to keep their appointments and be respectful.
- **We will strive to offer this benefit every year but we will update our ability to continue on an annual basis.** Fees will be adjusted over time (due to cost increases/inflation), but the range of discounts for care will remain.

Please let a member of our team know if you have any additional questions.

Patient Name (printed):

Parent/Guardian Name (printed):

Parent/Guardian Signature: _____ Date: _____