LFD Savings Plan

No Insurance? We have you covered! Do not let money be an obstacle for you when it comes to obtaining the quality dental care you deserve!

You may find that our plan costs less than your current coverage plan.

Unlike typical insurance plan, if you are a member of LFD Savings plan, you will not have to deal with waiting periods, deductibles , maximums or pre-authorizations! There are no restrictions to your oral health.

Children's plan Includes:

2 Child Routine Cleanings, 2 Child Periodic exams, 2-4 check up xrays, orthodontic screening, 2 fluoride treatments, 1 emergency examination, 15% of all other dental procedures.

Annual enrollment fee $555 (FULL VALUE $856.00)

Adult Plan Includes:

2 Adult Routine Cleanings, 2 Adult Periodic Exams, 4 Bitewing xrays, Oral cancer screening, periodontal evaluation, 2 fluoride treatments, 1 emergency examination, 15% off all other dental procedures.

Annual enrollment fee: $623.00 (FULL VALUE $853.00)

Adult Periodontal Plan Includes:

4 Adult Periodontal Maintenance Cleanings, 2 Adult Periodic Exams, 4-7 Bitewing xrays, Oral cancer screening, periodontal evaluation, 4 fluoride treatments, 1 emergency examination, 15% of all other dental procedures.

Annual enrollment fee: $1188.00 (FULL VALUE $1534.00)

This plan is not dental insurance and is exclusive to Londonderry Family Dentistry, PLLC

The effective date is the day you sign up and the plan expires in 364 days.

Participation cannot be combined with any other offer or dental plan.

Annual enrollment fee for each family member is due at the time of enrollment and is non-refundable.

LFD savings plan is non-transferable to another party

There is no carry over of services

It is the patient's or Parent's responsibility to make and keep appointments for his/her family members.

Annual enrollment fees and procedures are subject to change.

Patients with a Periodontal Disease history or diagnosis must enroll in the Periodontal program

I have reviewed the program description and understand it.

I choose to participate of my own will at this time.

Name Signature Date