

Maple Membership Plan



We would like to offer to you our own Dental Membership Plan. A plan which is available to anyone who does not have third party private dental insurance. Unlike conventional insurance plans, which often require a year to begin fabrication of dentures or crowns, with our Maple Dental Plans, there is **no waiting for major work!**

MAPLE MEMBERSHIP PLAN

New members: \$350 per year (additional family members join for \$300 per year)

Returning members: \$325 per year (additional family members join for \$300 per year)

Annual Membership Benefits:

- Two periodic exams OR one comprehensive/one periodic exam (if new member)
- Two oral cancer screenings
- Two dental prophylaxes (cleanings) OR if over the age of 62 and Medicare eligible, three dental prophylaxes (cleanings)
- A complete set of radiographs every 5 years for new patients or returning 5-year members
- One set of 4 bitewing radiographs per year
- Two fluoride treatments
- One emergency exam
- 20% cost savings on restorative dentistry (fillings, core build-ups, sealants, oral surgery and extractions, scaling/root planing, SDF application)
- 15% cost savings on major restorative dentistry (crowns, implant supported crowns, cosmetic veneers, complete or partial dentures)

*Does not include specialty services (root canal therapy and implant placement are not performed on-site and therefore do not qualify for cost-savings; referrals are provided to our patients to consult with specialists for these services).

We believe that everyone is entitled to a healthy, beautiful smile!

Our knowledgeable and trained professional staff are here with your smile in mind. We offer a full range of restorative services and believe that early diagnosis and preventative care are essential to good oral health. We want your smile to be at its best and are proud to be a mercury-free practice!

Because we are dentist owned, we are patient driven. This means that we can focus on providing you with excellent dental care. Being independently owned means that we are able to focus on you!



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Yes! I would like to enroll in a Maple Membership Plan.

Patient Name

Patient Signature

Start Date

End Date