



Healthy Mouth Membership



REV 9.20.23



Healthy Mouth Classification

(Determined by Richard D. Gilmore DMD upon evaluation)

CLASS I	CLASS II - PERIODONTAL (4 Month Recare)	CLASS III - PERIODONTAL (3 Month Recare)
\$34.99 1st Adult/Month \$29.99 Additional Adult \$19.99 Child 12 & Under	\$49.99 Each Person/Month	\$59.99 Each Person/Month
BENEFITS	BENEFITS	BENEFITS
2 Professional Cleanings (\$320 Value)	3 Periodontal Maintenances (\$645 Value)	4 Periodontal Maintenances (\$860 Value)
All Necessary X-Rays (min. 4 films per year, \$100-270 Value)	All Necessary X-Rays (min. 4 films per year, \$100-270 Value)	All Necessary X-Rays (min. 4 films per year, \$100-270 Value)
All Necessary Exams (min. 1 per year \$80 Value) Standard of care is typically 2, \$160 Value	All Necessary Exams (min. 1 per year, \$80 Value) Standard of care is typically 2, \$160 Value	All Necessary Exams (min. 1 per year, \$80 Value) Standard of care is typically 2, \$160 Value
1 Fluoride Treatment (optional, \$65 Value)	1 Fluoride Treatment (optional, \$65 Value)	1 Fluoride Treatment (optional, \$65 Value)
1 Emergency Exam with Necessary X-Rays (\$200 Value)	1 Emergency Exam with Necessary X-Rays (\$200 Value)	1 Emergency Exam with Necessary X-Rays (\$200 Value)
10% Discount on All Other Services 15% Discount on Crowns	10% Discount on All Other Services 15% Discount on Crowns	10% Discount on All Other Services 15% Discount on Crowns
Membership, for children 12 and under, in the immediate family living in the same household is \$14.99.	Initial examination may determine active periodontal therapy must be completed prior to first periodontal maintenance. 15% discount applies.	Initial examination may determine active periodontal therapy must be completed prior to first periodontal maintenance. 15% discount applies.
Rules and Restrictions Do Apply - See next page	Rules and Restrictions Do Apply - See next page	Rules and Restrictions Do Apply - See next page
Class I costs without GDHM for Preventive only first year as a new patient : \$1,060 (\$541.12 savings); Additional Adult \$1,060 (\$601.12 savings). Child member \$100 (\$661.12 savings). Class II \$1385 (\$686.12 savings). Class III \$1600 (\$781.12 savings). <i>Additional sub classes</i> : Class 1B is for 3 professional cleanings per year at \$39.99 per month. Class 1C is for 4 professional cleanings per year or two periodontal maintenance at \$44.99 per month. <i>Savings shown include the Emergency visit and fluoride treatment.</i>		



Healthy Mouth Membership Rules and Restrictions

This is not a dental discount plan and is NOT dental insurance. It CANNOT be combined with any other dental insurance or in office offers. It is ONLY good at Gilmore Dental.

Membership fees: You may pre-pay 12 months in advance. Monthly payments are required to be set up as a withdrawal from your checking account or debit/credit card. A voided check must be provided for ACH; if you do not have checks your financial institute will give you the routing and account number. An ACH fee of \$3 will be assessed by the payment processor to your monthly membership amount. For debit/credit card transactions:

\$15.00 - \$24.99 = \$4.00 fee assessed

\$25.00 - \$74.99 = \$5.00 fee assessed

\$75.00 - \$149.99 = \$7.00 fee assessed

Example: Membership fee \$54.99 per month by ACH will be \$3.00 for total withdrawal of \$57.99. Membership fee of \$54.99 by debit/credit card will be \$5.00 for a total withdrawal of \$59.99.

Any returned drafts or debit/credit card decline will be subject to a \$15 (**for any reason**) and the account must be resolved before any other preventive or restorative services will be allowed.

\$99 registration fee applies to all new applications.

All discounts are available solely through Richard D. Gilmore DMD PC. If you must be seen by a specialist or if Dr. Gilmore is out of the office and you need to see someone on an emergency basis, these appointments do not fall within the program and will be solely patient portion with the treating provider.

Member payments on treatment are due at the time of service **unless payment arrangements have been made prior to treatment.**

Applicable registration fees (new patients only or reactivation) and the first month's premium must be paid prior to entering the hygiene and restoration discount program.

Missed or broken appointments without 48 hours notice will be subject to a missed appointment fee. For Dr. Gilmore \$100 per hour and \$50 for hygiene.

Minimum membership period is 12 months and payments are non-refundable. Services are used or lost, they are NOT carried over.

Memberships with monthly automatic withdrawals will renew automatically on the anniversary date until cancelled in writing, unless approved by Dr. Gilmore. Prepaid memberships, patients will receive a letter roughly 1 month prior to membership renewal.

30 days written notice of cancellation is required after the initial 12 month membership has been satisfied and membership fees collected must cover services used at that time. Example: if both professional cleanings have been provided within the benefit period the remainder of the 12 payments must be received before cancellation will be accepted.

Family members are defined as a husband, wife, partner and non married children living in the household up to the age of 26.

Membership fees and plan discounts are subject to change anytime at the discretion of Dr. Gilmore DMD PC. Dr. Richard D. Gilmore DMD PC reserves all rights to cancel or discontinue this plan for any reason at the end of any month with or without notice.

Replacements of prosthetics (dentures, bridges, partials) and crowns are only eligible if the prosthetic/crown is deemed un-restorable by dental standards, over five (5) years old, and professional cleanings and periodic examination appointments are kept at a minimum of two (2) times per calendar year. Periodontal maintenance is a minimum of three (3) per year. Replacement for lost or stolen appliances is excluded.

Any dental services provided to the member by state, county, or municipal agencies or dental services provided without cost to the member are excluded. Any dental expense incurred if the dentist is unable to perform a procedure due to the member's general health or physical condition is excluded.

For Primary members accepting responsibility for patients 18 years old or more must sign the Acceptance of Responsibility form.



Example of Membership Savings

Procedure Description	Usual Fee	Discounted Fee	Membership Savings
New Patient Exam/X-Rays	\$395	\$99	\$296
6 months Routine Evaluation (up to 2 per year)	\$80	\$0 (included in monthly payment)	\$80
Bitewing X-rays (up to 1 set per year)	\$100	\$0 (included in monthly payment)	\$100
Adult Cleaning	\$160	\$0 (included in monthly payment)	\$160
Child Cleaning	\$130	\$0 (included in monthly payment)	\$130
Fluoride Treatment	\$65	\$0 (included in monthly payment)	\$65
1 Surface posterior composite filling	\$285	\$256.50	\$28.50
Single Crown	\$1458	\$1239.30 (15% discount)	\$218.70
Simple Extraction	\$264	\$237.60	\$26.40
Surgical Extraction (non wisdom tooth)	\$385	\$346.50	\$38.50
Root Canal Molar	\$1525	\$1372.50	\$152.50
Periodontal Therapy (scaling 4+ teeth/quad)	\$386	\$347.40	\$38.60
Periodontal Maintenance	\$215	\$0 (included in monthly payment)	\$215