

Start Saving Today!

Call Thanasas Family Dental Care at (248) 689-9012 and request an enrollment form today!

Taking advantage of the Helping Hands Plan is easy.

TO ENROLL:

1. Call the number above to request an appointment
2. Return the completed form to our office with payment via cash, credit or check
3. Schedule your appointment, it's that easy!

NO YEARLY MAXIMUMS & NO WAITING PERIODS!

Eliminate the aggravation of insurance and meet your needs while receiving huge savings.

Call Today!
(248) 689-9012

Low-Cost Helping Hands

As Low as

\$21.95/mo.
Enroll Today!

Only good at Thanasas Family Dental Care. You save on everything from cleanings, fillings, and crowns.



We are conveniently located on the east side of Rochester Road, south of East Long Lake Road.



THANASAS
Family Dental Care

4780 Rochester Road
Troy, MI 48085
(248) 689-9012



THANASAS
Family Dental Care

thanasasdds.com

As Low as
\$21.95/mo.

Thanasas Helping Hands

A simpler, more affordable way to dental care benefits.





Helping Hands Program

Sign me up!

Our in-office dental savings plan is locally provided here at Thanasas Family Dental Care. It is our commitment to always provide our patients with the very best in dental care and now your care is most affordable than ever!

Contact us today. We look forward to answering any questions and scheduling an appointment for the entire family.

Annual premium:

\$263.40 per person

*Savings of \$76.60 per adult
and \$91.60 per child (16 & under)*

Premiums are yearly and benefits are in effect for 1 year from the date that you sign up for the plan.

Plan Benefits:

- No Annual Limits
- No Age Limit
- No Pre-Authorization Required
- No Waiting Periods
- No Pre-enrollment Exam
- No Deductibles
- No Maximums

Our Plan includes the Following Services:

- Comprehensive Exam (2 times per year)
Value \$147
- X-Rays **Value \$124**
- 2 Regular Healthy Cleanings **Value \$200**
**In absence of periodontal disease*
- 2 Applications of Fluoride **Value \$94**
** Patients 16 and under*
- Free Emergency Exams

Up to 10% of all other Dental Procedures

Program Guidelines:

- This is a discount plan and not a dental insurance plan.
- This benefit plan will not be valid at other dental offices or by other Dental providers
- Your savings plan cannot be used in conjunction with another dental plan.
- Workman's compensation, referrals to a specialist, hospitalization or hospital charges and dental costs covered under medical coverage are excluded.
- Orthodontic savings require enrollment throughout the duration of treatment.
- Enrollment fees are not refundable
- Refunds will not be issued at any time if participant decides not to utilize the plan
- Patient's responsibility of dental costs is due at time of service
- Perio maintenance allowed 2 times at a reduced fee
- Additional 5% discount for prepaid services with cash or check only
- Benefits plan does not apply to elective procedures.

First Name: _____

Last Name: _____

Address: _____

Phone: _____

_____ Adult(s) at \$263.40 each = \$ _____

_____ Children(s) at \$263.40 each = \$ _____

Total \$ _____

Please sign me up for the Helping Hands program. I understand that I am paying for 12 months of membership. I understand that payment is due before or at time of service.

Signature: _____

Names of People signing up:

1. _____ A C

2. _____ A C

3. _____ A C

4. _____ A C

5. _____ A C

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