



FIREFLY

• FAMILY DENTISTRY •



INTRODUCING

CONVENIENT
&
AFFORDABLE



FIREFLY FAMILY DENTISTRY



MEMBERSHIP SAVINGS PLAN

Your oral health is our priority. We wish to provide affordable access to dental treatments for individuals and families.

The Firefly Family Dentistry Membership Savings Plan offers our patients access to quality preventative care at reduced rates as well as special discounts on all other services offered by Firefly Family Dentistry.

Our cost-effective membership plans are an alternative to your standard dental insurance, and are also eligible towards for your health savings accounts!

MEMBERSHIP PLANS:

ADULT	CHILD	PERIODONTAL
2 Routine Cleanings 2 Routine Exams 1 Set of Bite Wing X-rays 2 Periapical X-rays 1 Flouride Treatment 1 Panoramic X-ray (per 3 years) 15% off Treatments (if paying by cash/check) 10% off Treatments (if paying by credit card)	2 Routine Cleanings 2 Routine Exams 1 Set of Bite Wing X-rays 2 Periapical X-rays 1 Flouride Treatment 1 Panoramic X-ray (per 3 years) 15% off Treatments (if paying by cash/check) 10% off Treatments (if paying by credit card)	4 Periodontal Maintenance Cleanings 2 Routine Exams 1 Set of Bite Wing X-rays 2 Periapical X-rays 1 Flouride Treatment 1 Panoramic X-ray (per 3 years) 15% off Treatments (if paying by cash/check) 10% off Treatments (if paying by credit card)
\$350 per year or \$30 per month + \$50 activation fee <i>27% discount off our full fees!</i>	\$250 per year or \$21 per month + \$25 activation fee <i>36% discount off our full fees!</i>	\$740 per year or \$63 per month + \$50 activation fee <i>22% discount off our full fees!</i>

COST COMPARISON:

	Major Carrier Low Plan	Major Carrier Mid Plan	Major Carrier High Plan	Firefly Membership
Cost	\$506.64	\$575.16	\$618.24	\$350
Cleanings X-rays Exams	Patient pays 20%	Included	Patient pays 10%	Included
One Filling in the year	Not Covered (1 Year Waiting Period) Patient Owes \$245	Patient Owes \$212	(6 Mo. Waiting Period) Patient Owes \$198.80	Patient Owes \$208.25
Total Yearly Cost (preventative + one filling)	\$828.64	\$787.16	\$855.54	\$558.25 (annual) \$618.25 (paid monthly)
Yearly Max	\$1000	\$1000	\$1000	Unlimited

Disclaimer: This is a dental membership plan offered by Firefly Family Dentistry and is not valid at any other dental office.



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