

Timothy A. Pfister, D.M.D. & Associates

4388 Middle Settlement Road
New Hartford, NY 13413

Tel: 315-724-7121

www.aestheticoralarts.net

Membership Discount Plan

As Low As \$365 Per Year

"Cosmetic & Family Dentistry of Art, Science & Service"

Family dentistry is changing fast, faster now than ever before. Changes in procedures, technologies, and materials will bring you new comfort and convenience. We provide the following services using the highest quality materials and modern equipment:

Preventive Dentistry:

Complete examinations, thorough cleanings, digital x-rays, intraoral cameras.

Soft Tissue Management & Periodontics:

Scheduled programs, customized to your needs, designed to restore and maintain healthy gums. Minimally invasive laser therapy available.

Cosmetic Dentistry:

We offer several ways to improve the appearance of your smile using the latest in-home and office procedures. These include whitening, cosmetic bonding, same day crowns, porcelain laminate veneers, orthodontics or Invisalign.

Restorative Dentistry:

Tooth-colored fillings, inlays, onlays, implants, crown and bridge over implants, root canal treatment, and extractions.

Prosthetic Dentistry:

Crowns (made while you wait), bridges, implant supported dentures, full mouth rehabilitation, TMJ consultation, full and partial dentures.

Please feel free to call us to discuss any dental concerns or questions!

Office Hours:

Monday.....8:00 a.m. to 6:30 p.m.
Tuesday.....8:00 a.m. to 6:30 p.m.
Wednesday.....8:00 a.m. to 5:00 p.m.
Thursday.....8:00 a.m. to 5:00 p.m.
Friday.....8:00 a.m. to 1:00 p.m.

After Hours Help

Please dial 315-724-7121 and select Option 1 to schedule a new patient visit. Select Option 2 to reach the doctor on call in case of a true dental emergency.

Nervous? Anxious? FREE NITROUS AVAILABLE (during treatment)



Program Exclusions, Limitations, and Guidelines: Patients agree that Aesthetic Oral Arts fees must be paid at the time services are rendered. Any service not paid at the time of service will be billed at our regular fee. Plan fees are valid only when paid at the time of service. This is not an insurance product. This is a discount plan, not a dental insurance plan. It cannot be used in conjunction with any other dental plans, for services for injuries covered under Worker's Compensation, for referrals to specialists, for hospitalization or hospital charges of any kind, nor for costs of dental care that is covered under no fault insurance medical. This plan is only honored at Aesthetic Oral Arts. This dental discount program is not an insurance program that can be used with any other dental office. Membership discounts may not be combined with any other offers or discounts.

No Discount on Any Products or Medicaments.

NON-REFUNDABLE. No refunds of premiums will be issued at any time if the participant decides not to utilize membership discount plan in full.



Aesthetic Oral Arts



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*Are you one of the over
100 million Americans
without dental insurance?*



Membership Discount Plan*

With your Discount Plan there is:

- Immediate Eligibility (No Waiting Period)
- No Pre-Existing Conditions
- No Pre-Authorizations Needed
- No Claim Forms
- No Deductibles
- No Yearly Maximum

Membership Premium

| PLAN | ANNUAL COST |
|------------------------|-------------------|
| Single | \$365 |
| With Spouse or Child | \$585 |
| Family Plan (3)* | \$795 |
| Family Plan (4)* | \$995 |
| Each Additional Person | \$195 (5 or more) |

* The Family Plan includes family members and children who are enrolled full-time in college until the age of 23, or children who are not enrolled full-time in college until the age of 18.

Membership discounts may not be combined with any other offers or discounts.



Please Give This Brochure To Someone You Care About!

Coverage

| TREATMENT | MEMBER DISCOUNT |
|---|-----------------|
| Diagnostics and X-rays | |
| Comprehensive Exam (New Patient Visit) | 100% |
| Periodic Exam (up to 2 per year) | 100% |
| Limited Exam (problem focused, 1 per year) | 100% |
| Periapical X-rays | 100% |
| Bitewings (1 time per year) | 100% |
| Full Mouth Series or Panorex (1 in every 3 years) | 100% |
| CT Scan | 50% |
| Cephometric X-rays | 50% |
| Debridement | 20% |
| Preventive | |
| Prophylaxis Adult/Child (2 per year) | 100% |
| Fluoride (up to 4 per year) | 100% |
| Oral Cancer Screening (1 per year) | 100% |
| Extra Prophylaxis/Perio Maintenance | 20% |
| Desensitizer Treatment | 20% |
| Sealants | 20% |
| Major Procedures | |
| Fillings and Core Buildups | 20% |
| Root Canals | 20% |
| Oral Surgery | 20% |
| Root Planing and Scaling | 20% |
| Crowns and Onlays | 10% |
| Implants and Dentures | 10% |
| Cosmetic | |
| Whitening (in office only) | 20% |
| Porcelain Veneers | 10% |
| Orthodontics or Invisalign | 10% |
| Botox and Juvederm | 10% |

Please Fill Out & Send This Form In Today To Begin Your Coverage!

First Name _____
 Last Name _____
 Middle Initial _____ Female/ Male
 Home Address _____

 City _____ State _____ Zip _____
 Phone _____
 Date of Birth ____/____/____ S.S.# ____/____/____
 Spouse's First Name _____
 Last Name _____
 Middle Initial _____ Female/ Male
 Date of Birth ____/____/____ S.S.# ____/____/____
 Child #1's First Name _____
 Last Name _____
 Middle Initial _____ Female/ Male
 Date of Birth ____/____/____ S.S.# ____/____/____
 Child #2's First Name _____
 Last Name _____
 Middle Initial _____ Female/ Male
 Date of Birth ____/____/____ S.S.# ____/____/____
 Child #3's First Name _____
 Last Name _____
 Middle Initial _____ Female/ Male
 Date of Birth ____/____/____ S.S.# ____/____/____
 Signature (Member and Spouse) _____
 _____ Date _____
 _____ Date _____
 MasterCard/ VISA/ Discover
 Card # _____
 Expiration Date _____
 Security Code _____
 Check payment:
 Aesthetic Oral Arts

***Valid for One Year from Date of Sign Up**