General Dental Benefits

Diagnostic D0100-D0999

Oral exam, periodontal evaluation, oral cancer screenings, x-rays	*No Charge*
Emergency exam	*$50*

Preventive D1000-D1999

Routine cleanings and Fluoride treatment (2 per year with healthy gums)	*No Charge*
All other preventive	*20% off*

Restorative D2000-2999

Fillings, inlays, onlays, single crowns, crown build ups, porcelain veneers	*20% off*
(placed for elective reasons)	

Endodontics D3000-3999

Pulpotomies, pulpectomies, removal of nerve, root canal therapy	*20 % off*

Perio D4000-4999

Periodontal "deep" cleanings (unhealthy gums) minor perio procedures	*20% off*

Prosthodontics removable D5000-5999

Partial Dentures, complete dentures, denture repairs, and adjustment	*20 % off*

Prosthodontics
fixed non removable D6200-D6900

Permanent bridges, crowns, implants	*20% off*

Implant supported Prosthodontics
D6000-D6199

Crown, permanent bridges	*20% off*

Oral Surgery D7000-D7999

Tooth removal and other related procedures	*20% off*

Meet Dr. Brian Kirkwood

Dr. Brian graduated from New Palestine High School, then received his Biology and Pre-Med/Pre-Dental degree from Ball State University. He completed his dental school training at Indiana University School of Dentistry.

Associations and Memberships:
A.D.A. (American Dental Association)
I.D.A. (Indiana Dental Association)
I.D.D.S. Indianapolis District Dental Society
C.D.S. (Chicago Dental Society)
A.R.C. Of Indiana

Meet Dr. Trent Kirkwood

A Greenfield-Central High School graduate, Dr. Trent received a Biology degree from DePauw University and his Doctor of Dental Surgery (DDS) degree from Indiana University School of Dentistry.

Associations and Memberships:
A.D.A. (American Dental Association)
I.D.D.S. Indianapolis District Dental Society

Both Dr. Brian and Dr. Trent are committed to staying up-to-date with the latest dental procedures, technologies, and materials through research and continuing education.

Brandywine Dental Group

101 N. State Street
Greenfield, IN 46140
317.462.3456 | 317.462.3465 (fax)
lighthouse@dockirkwood.com
www.dockirkwood.com

Dental Plans

Brandywine Dental Group
Creating Family Smiles

Dr. Brian Kirkwood
Dr. Trent Kirkwood

CREATING FAMILY SMILES

We've Got You Covered

At Kirkwood Dentistry we understand the need for affordable dental solutions. Our dental plan is a reduced fee plan that allows individuals or families to receive the quality dental care they need for a lifetime of optimal oral health.

We offer an exclusive plan with benefits beginning immediately upon enrollment and paid membership. Our plan never has a deductible, claims or benefit maximum.

Comprehensive Dental Plan

- **No deductible**
- **No claim forms**
- **No waiting periods**
- **No yearly maximum**
- **No pre authorizations required**
- **No pre existing condition limits**

Check with your flex spending or Health Savings Administrator for reimbursement of your enrollment fee.

Cost

Annual Membership Fee

Single	**$199**
Additional Members	**$150 per**

Individual plus additional dependents
The single membership can add additional family members to the plan for $150 per person.

Eligibility

- To be eligible for coverage, participants must be enrolled in the program and either be a family member and/or living in the household

- Participants are eligible upon payment of membership fee for the period noted at time of enrollment

- Eligibility ends when membership period ends

- 1 year memberships must be paid in full at time of enrollment

- All treatment fees are due and payable at time of services rendered

- Enrolling gives you opportunity to obtain dental treatment at reduced costs

- This is not dental insurance

- This plan cannot be used with any other insurance or discounts

- Dental services not provided by Brandywine Dental Group/Kirkwood Dentistry are not covered by this plan, even if they are recommended and or referred by our office.

Name _____ DOB _____ Date _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Plan Options: ☐ Single ($199)   ☐ Additional Members ($150 per person)   Number of additional people _____

Name _____ DOB _____ Name _____ DOB _____

Name _____ DOB _____ Name _____ DOB _____

Name _____ DOB _____ Name _____ DOB _____

Name _____ DOB _____ Name _____ DOB _____

Amount of Payment: $ _____ ☐ Check # _____

I understand and accept all terms and conditions of the Dental Plan as summarized in this brochure and hereby authorize the Brandywine Dental Group to charge my credit card (if applicable) as indicated above, for the payment of my membership.

Member Signature _____ Date _____