



Private Dental Plan Membership Application

Primary Member Information:

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NUMBER
STREET ADDRESS			DATE OF BIRTH
CITY	STATE	ZIP CODE	PHONE NUMBER

Dependent Information: (List all eligible dependents you wish to cover below)

LAST NAME	FIRST NAME	MI	RELATIONSHIP	DATE OF BIRTH
1				
2				
3				
Additional				
Additional				
Additional				

COVERAGE TYPE:

SINGLE (\$453.00 per year)

COUPLE (\$856.00 per year)

FAMILY of 4 (\$1585.00 per year)

In addition to base plan:

PERIODONTAL RIDER (\$501.00 per year)

ADDITIONAL DEPENDENT (\$315.00 per dependent per year)

I have read and understand the terms and conditions of the Pleasant Avenue Dentistry Private Dental Plan as listed on the back of this form and hereby request membership. I understand that the membership fees indicated above constitute acceptance for membership in the Pleasant Avenue Dentistry Private Dental Plan for the twelve (12) months beginning on the date that the application is actually received and approved.

X

Applicant Signature

Date

For Office Use Only

ENCFEE	EFDATE	APDATE	RENEWAL DATE	DEACTIVATED
--------	--------	--------	--------------	-------------

Terms and Conditions:

- The discounted fees associated with the Pleasant Avenue Private Dental Plan are reduced fees for service performed by Pleasant Avenue Dentistry and, in no way, qualifies as a dental insurance program.
- The discounts associated with the Pleasant Avenue Private Dental Plan are only available through Pleasant Avenue Dentistry and are not available at other dental facilities.
- The membership fees are to be paid for a minimum twelve (12) month period beginning at the date the application is actually received and approved and fees are non-refundable.
- Membership eligibility is defined as applicant, applicant's legal spouse, and any non-married children, under the age of 22, still living in the household, as a full-time student.
- Any additional dependents after three (3) dependents will have an additional surcharge of \$300.00 per year per dependent.
- Fees and plan discounts are subject to change without notice.
- Missed or broken appointments without 24-hour notice will be charged \$50 for hygiene appointments. Any Type II or Type III service that is missed or broken will be charged \$20 for every 15-minute chair time lost.
- Any payment made by check, that is returned for non-payment, will be charged a \$25 return-payment fee.
- All member co-payments are due at the time of service.
- Membership in the Dental Plan may be terminated for abuse, fraud, and/or failure to pay membership fees or properly billed dental charges.
- The Pleasant Avenue Private Dental Plan is administered solely by the dental office and may be discontinued at the end of any month with or without notice.
- Unless prior signed financial arrangements have been made, the fee is due, in full, the day of service. If the account is sent to a collection agency, or to an attorney for non-payment, patient will be responsible for any and all collection fees, attorney fees, and accruing interest in addition to the unpaid balance.
- Periodontal maintenance services (D4910) are excluded under the base prevention plan. A non-surgical periodontal maintenance rider can be purchased, in addition to the base plan, for a surcharge of \$475 per member, per year. Periodontal maintenance is limited to four (4) times per calendar year with a minimum 12-week separation between services. Annual rider fee is payable for a minimum twelve (12) month period beginning at the date the application is actually received and approved and fees are non-refundable.

Plan Limitations:

- Dental Plan benefits are limited to \$1000 per each covered family member per membership year.
- Prophylaxis is limited to twice (2) every anniversary year.
- Denture relines are limited once per calendar year.
- A denture, bridge, or other appliance installed under the Dental Plan can be replaced only once during the five (5) year period after the original installation. A denture, bridge, or other appliance can be replaced only if it is unsatisfactory and cannot be made satisfactory by a reline or repair. Replacement is based upon the treating dentist review for proper oral hygiene performed by patient, normal wear by patient, and which has not been modified by the patient.
- All covered replacements and services are subject to the co-pay percentages (10% discount) as listed in the Schedule of Services and the private fee schedule of Pleasant Avenue Dentistry.

Plan Exclusions:

- Any dental procedure in progress (teeth prepared for crowns, root canals in progress, etc.) is excluded.
- Any dental procedure performed either before or after member's eligibility period is excluded.
- Any dental expense incurred if the dentist is unable to perform a procedure due to member's general health or physical condition is excluded (i.e. patient physically unable to visit the dentist's office, etc.)
- Replacement of a satisfactory filling is excluded.
- Replacement of lost or stolen dentures, bridgework, partials, or appliances is excluded.
- Bleaching or whitening of teeth for cosmetic or restorative purposes is excluded.
- Any dental service provided to the member by federal or state government, agencies, or military thereof, or services provided without cost to the member by any municipality, county, or other subdivision is excluded.
- Any dental procedure, appliance, or restoration to correct congenital, developmental, or medically induced dental disorders, including but not limited to, treatment of myo-functional, myo-skeletal, or temporomandibular joint dysfunction (TMJ) is excluded.
- Any dental procedure related to injuries which are intentionally self-inflicted is excluded.
- Any dental procedure not listed as a covered service, including but not limited to, general anesthesia, the services of an anesthesiologist, prescription medications, nitrous oxide, treatment required by reason of war, hospital and/or medical charges of any kind, surgery of fractures and/or dislocations, trauma to the mouth, and treatment of malignancies is excluded.
- Dental procedure costs for sleep apnea, treatment or appliances, is excluded.
- Any fixed prosthetic restoration that is upgraded using esthetic, customized porcelain and shading, processed by an esthetic quality laboratory and technician, is excluded.
- Dental Plan discounts for dental services provided in association of benefits received from an alternate source, including but not limited to, workman's compensation, medical/health insurance, general liability, auto insurance, business liability, etc. is excluded.
- Coordination of Pleasant Avenue Private Dental Plan benefits with other dental plans or insurance plans is excluded.