

101ST ADULT DENTISTRY

101st Adult Dentistry now offers a Dental Membership Program to provide a helpful solution for those who do not currently have dental benefits or feel that their current benefits are insufficient. This plan provides an affordable, hassle-free way for you and your family to receive the dental care you need. Dental treatment costs add up, especially if you or your family members miss periodic dental check-ups, which is why our membership plan includes two free dental exams per year. We want you to take care of your teeth in order to achieve a healthy and long-lasting smile.

101st Adult Dentistry is partnering with two of our closest associates. They are: Cumberland Surgical Arts for all your Oral Surgery needs and Alliance Endodontics for your Root Canal procedures.

Features of the Membership Program include:

No waiting periods- Start treatment today!

No claims forms

No annual maximums

No deductibles

No waiting periods

No “pre-authorizations” required

No “Missing Tooth Clause Restrictions or Exclusions”

Significantly reduced dental fees

Initial Enrollment fee: \$75

Membership fee: **\$225 and a \$75.00 administration registration fee per family** (to be paid prior to the initiation of any other services)

Membership includes:

20% off all dental services (excluding items already included in membership)

1 comprehensive exam-completed at time of enrollment - \$85.00

2 periodic exams - \$100.00

1 panoramic x-ray (once every 3 years) - \$111.00

1 set (4) bitewing x-rays (once per 12 months) - \$64.00

*2 cleanings - \$180.00

*2 periodontal maintenance cleanings - \$310.00

*2 adult fluoride treatments - \$80.00

TOTAL VALUE - \$930.00

* **Periodontal Scaling and Root Planing not included in Membership, but the patient will only be charged for 3 Quadrants instead of 4 Quadrants. (\$756.00 instead of \$1008.00)**

* **Full mouth Debridement with a 20% discount of \$140.00.**

Membership Guidelines:

The dental exam(s), cleanings and bitewing x-rays must occur within the year of enrollment and cannot be carried over to the next year. Our program is not transferrable to another party or uncovered family member.

Our fees are subject to change each year. Premiums are non refundable (even if the participant does not utilize the plan during an enrollment period) A \$50 re-instatement fee will be charged in the event there is a lapse in enrollment

Payment is due at time of service

Any service not paid at the time of service will be billed at usual & customary fees.

All your membership information will be kept in your electronic record. Your effective date is the day you sign up and your renewal date is the same date every year.

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MEMBERSHIP APPLICATION

Enrollment Date: _____

Patient Name: _____

Address: _____

DOB: ____/____/____

SS# : _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Membership Date Requested: _____

Enrollment Fee \$ **75** Paid Y or N (circle one) **Per Family**

Payment in Full: \$225.00 per person

Renewal Date will be: _____

I, _____ understand that the membership application I am signing is a binding agreement between myself and **101st Adult Dentistry**. If at any time, this agreement becomes invalid due to non-payment of membership fees, I understand that membership will be terminated and the cost to collect outstanding balances will be my responsibility, to include cost of outside collections.

Patient Signature: _____

Staff Signature: _____

Copy for patient/Original in patient file