

Many people today find themselves without dental insurance coverage, and many of those with insurance are finding that their plans simply are not what they used to be. In an effort to save money, employers are either dropping dental coverage or are purchasing less expensive policies for their employees.

These plans reduce coverage by maintaining tight controls on who you can go to, when you can go, and what services you can receive. Many find themselves in the position of having to choose a doctor from a list or then pay higher out of pocket costs for quality care.

This is not an easy choice to make. With the economy on Long Island being what it is, it is important to make sure that every dollar is spent wisely. On the other hand, our personal health is of utmost importance. The value of trusting relationships with our doctors and health care providers cannot be simply dismissed.

In an effort to face these challenges, we have developed what we believe to be an innovative program that will help you to spend less money for quality dental care, while maintaining all of the benefits that a private office can provide.

The plan is simple. For a low annual fee, each member will receive two check-ups and cleanings each year at no additional charge. Any required dental treatment during the year will be provided at a discounted rate.

Details are listed on the following page. Please read them, and call me with any questions or comments you may have.

Sincerely,

DeTolla Dental

PATIENT DENTAL CARE MAINTENANCE CONTRACT

ELIGIBILITY:

Any patient in the office is eligible to join the plan. No preexisting conditions will prevent membership. To be eligible, existing account balance must be zero (\$0.00)

ANNUAL COST:

Individual Plans

\$390.00 per year for adults 18 years of age and older
\$300.00 per year for children under 18 years of age

Family Plans

\$750.00 per year for a couple
\$1,500.00 per year for family of four

Additional Members

\$190.00 per year for each additional child over the age of five on a family plan
\$150.00 per year for each additional child under the age of five on a family plan

COVERAGE:

Coverage begins upon receipt of the contract application and payment and extends for one (1) year.

For adults: Two (2) dental examinations and basic cleanings visits are provided at no additional charge. All necessary x-rays and diagnostic photographs are included.

For children: Two (2) dental examinations, cleanings, fluoride treatment, and necessary x-rays are included.

* Exams will consist of evaluation of teeth & gums, head & neck, cancer screening exams, blood pressure checks when requested, and cosmetic evaluation when requested.

1. Consultations for restorative & esthetic treatment are included at no additional charge.
2. Other dental services and treatment are provided at a 20% billing courtesy - provided these fees are paid in full on the date of treatment.
3. Excluding Care Credit Accounts – If payment is made through Care Credit the 20% courtesy will not be applied

The services included:

- Treatment for periodontal (gum) disease
- Crowns, bridges and dentures
- Root Canals
- Both metallic & tooth colored fillings
- Sealants
- Laser assisted treatment
- Cosmetic Bonding
- Porcelain Veneers
- Nitrous Analgesia (sweet air)

- Extractions
- Emergency/Sedative Fillings
- Nightguards/Tooth grinding habit reduction appliances

For extensive treatment (totals over \$2,000.00), which would include large bridges, implant cases, cosmetic veneer cases, etc., payment in full will be required by the completion of treatment, with one-third paid as a down payment when treatment begins, and a one-third payment on a specified date half way through treatment.

For patients with insurance coverage, we will be happy to process all claims, but all insurance checks will go to the patient. We will not accept assignment of benefits.

EXCLUSIONS:

The following services are not covered by this plan:

- Any treatment, emergency or otherwise, by dentists or staff outside of this office.
- Treatment by specialists (oral surgeons, orthodontists, periodontists, endodontists, etc.)
- The Precision Attachments for implants, dentures or bridgework. (Crowns, dentures, and dental appliances are covered. What is excluded are attachments for those appliances that utilize special hardware—these are infrequently done.)
- Hospitalization for dental procedures

ENROLLMENT:

To join, please sign the bottom of this form. Membership begins the day your payment is received.

ACCEPTED AND AGREED TO: _____
Signature

Date

FOR OFFICE USE ONLY:

Amount Paid: _____ Effective Date of Contract: _____

Payment Received By: _____