



<u>EXAMINATIONS</u>		<u>RADIOGRAPHS</u>	
New Pt/comprehensive exam	100%	Full mouth series/PAN (one/3yrs)	100%
Periodic exam (two/year)	100%	Bitewings (one set/year)	100%
Limited exam (pain, etc.-one/year)	100%	Periapical (first film & 2 add'l/year)	100%

<u>PREVENTIVE CARE</u>	
Adult cleaning (two/year)	100%
Child cleaning (two/year)	100%
Fluoride (one/year) under 16 yrs	100%

<u>"EVERYTHING ELSE"</u>	
All other services are given a 30% DISCOUNT except INVISALIGN*	
Periodontal Therapy/Scaling & Root Planning	
Fillings	
Crowns, Bridges	
Cosmetic Dentistry	
Root Canals	
Extractions	
Dentures & Partials	
Implant Restoration	
*\$1000.00 OFF INVISALIGN	

MEMBERSHIP DUES:

Prices are figured at a yearly rate, and are as follows:

- 1st family member: \$250.00
- 2nd and 3rd family members: an additional \$200.00 each
- Additional family members: an additional \$175.00 each

(PLEASE NOTE: ALL FAMILY MEMBERS MUST LIVE IN THE SAME HOUSEHOLD)

BENEFITS OF MEMBERSHIP

- No preauthorization required
- No annual maximum
- No deductible
- No waiting periods or pre-existing exclusions
- Cosmetic dentistry is included
- FREE consults on Invisalign treatment
- FREE dental implant consultation

TERMS AND LIMITATIONS OF THE PLAN:

Family members cannot be substituted in for another family member

Your effective date is the day you sign up and your renewal date is the same date every year

Cleanings must be performed before the end coverage date

Dental services only, not includes dental products

This is a dental discount plan and is NOT dental insurance. It cannot be combined with any other dental insurance.

Payments for services are due at time of service. If you choose to extend your payment for treatment by paying through CareCredit® or WellsFargo Health Advantage, the discount is reduced by 10% due to merchant fees.

Should there be dental treatment needed following any type of injury where a lawsuit and therefore outside medical, care, disability or workman's comp type insurances are involved, this discounted plan cannot be used.

Rates are subject to change annually

Must remain a member during entire duration of orthodontic treatment

Membership dues are not refundable

Children must be under the age of 16

Membership is good only at Blue Hearts Dental, therefore if you are referred to a Specialist, discounts offered to members will not apply

APPLICATION FOR BLUE HEARTS DENTAL PLAN

Personal Information:

Name _____ E-Mail Address _____
Address _____
SSN (not required for treatment) _____ Home Phone _____ Cell _____

Spouse's Information

Name _____ E-Mail Address _____
Address _____
SSN (not required for treatment) _____ Home Phone _____ Cell _____

Children's Information

Name _____ M/F _____ Birthday _____
Name _____ M/F _____ Birthday _____
Name _____ M/F _____ Birthday _____

Plan Cost

Individual \$250.00
2nd Family Member \$200.00 = _____
3rd Family Member \$200.00 = _____
Add'l Family Member \$175.00x__ = _____
Total Annual Cost: _____

Applicant's Signature _____ Date _____

Payment Type:

___ Check
___ Cash
___ Credit Card