

Frederick and Urbana-In-House Insurance Plan and Form.docx



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PearlFection Dentistry In-House Dental Insurance Plan

In an effort to encourage good dental health and alleviate rising dental costs, we have developed an "In-House" Dental Insurance Plan for our patients who do not have dental insurance or find that our plan costs less than their current dental coverage. Since nearly all dental insurance plans require group participation to get any type of price reduction, individuals and families seeking dental insurance on their own often find it too expensive to even consider. Our dental insurance plan provides a wide scope of benefits at an affordable price to help minimize the cost of your dental care.

Adult Program: \$335 (Age 15 and over)

You save \$188 on annual preventative services + 10% off all other services³

The Adult Program Includes:

- Routine Cleanings (2 per year)
- Check-up X-Rays (1 per year)
- Adult Periodic Exams (2 per year)
- Fluoride Treatment (1 per year)
- Velscope /Oral Cancer Screening (1 per year for patients over 40 years old)
- Panoramic x-ray (1 per 5 years)
- 10% off with specialists

Children's Program: \$309 (Ages 1-14)

You save \$97 on annual preventative services + 10% off all other services³

The Children's Program includes:

- Routine Cleanings (2 per year)
- Check-up X-Rays (1 per year)
- Child Periodic Exams (2 per year)
- Fluoride Treatment (2 per year)
- Panoramic x-ray (1 per 5 years)
- 10% off with specialists

Adult Periodontal Program: \$584

You save \$200 on annual preventative services + 10% off all other services³

The Periodontal Program includes:

- Periodontal Maintenance Cleanings (4 per year)
- Adult Periodic Exams (2 per year)
- Check-up X-Rays (1 per year)
- Fluoride Treatment (1 per year)
- Velscope Oral Cancer Screening (1 per year for patients over 40 years old)
- Panoramic x-ray (1 per 5 years)
- Comprehensive Periodontal Charting
- 10% off with specialists

Benefits and Provisions of the In-House Dental Savings Plan:³

- No Annual Deductible
- No Annual Maximums
- No Preauthorization's Required
- No Waiting Period or Eligibility Periods for Major Treatment
- No Missing Tooth Clause Restrictions or Exclusions
- Annual Enrollment Fee for each family member is non-refundable.
- Enrollment Date begins on the first of the month that premium is paid. Plan expires after 365 day.
- All treatments must be PAID IN FULL at each visit to keep the plan in effect.
- The all benefits (exams, bitewing x-rays, cleanings, and fluoride, etc.) must occur within the year of enrollment and cannot be carried over to the next year.
- It is the patient's/parent's responsibility to make and keep appointments for his/her family members.
- A fee (based on length of appointment) may incur for each broken appointment without a 48-hour advance notice.
- Our program is not transferrable to another party or uncovered family member
- Participation cannot be combined with any other offer or dental plan, without management approval
- All fees shall be based on our practice's UCR fees and not any other dental plan's fees.
- Annual enrollment fees and procedures are subject to changes during the year.
- Family members cannot share benefits
- Fees or premium are not refundable
- \$500 off comprehensive Orthodontic treatment when treatment is over \$5000. (Ortho not subject to 15% discount)
- Benefits apply to General Dentistry, Hygiene, and Specialty services, provided in our office only.
- Enrolling in our In-House Dental Savings Plan gives you the opportunity to obtain your dental treatment exclusively at our practice for reduced fees. It cannot be combined with dental insurance or other reduced fee dental plans without management approval.
- We reserve the right to change program at any time and without notice

In-House Dental Insurance Plan Enrollment Form

First Name _____ Last Name _____ Date of Birth
 ___/___/___

Address _____ City _____ State ____ Zip

Plan Type: Adult Child Periodontal Purchase Date __/__/__

Credit Card # _____ Expiration __/__/__ CVC (3-digit code) _____

Additional Family Members:

First Name _____ Last Name _____ Date of Birth
__/__/__

Plan Type: Adult Child Periodontal Purchase Date __/__/__

First Name _____ Last Name _____ Date of Birth
__/__/__

Plan Type: Adult Child Periodontal Purchase Date __/__/__