



DENTAL ADVANTAGE
IN-OFFICE DENTAL SAVINGS MEMBERSHIP PLAN

Shore Dental Arts is pleased to offer our patients the option of enrolling in our in-house dental savings membership plan to help cover the costs of their dental treatments. These membership plans are great for those who do not have dental insurance or who are unhappy with their current insurance. Many insurance providers make it seem like you do not have a choice in what treatments you can receive, which can sometimes prevent you from getting the proper care. As a great alternative, we offer three convenient membership plans for your dental care needs!

MEMBERSHIP BENEFITS:

- No Annual Maximums
- No Pre-Authorizations
- No Waiting Period
- No Limitations for Pre-Existing Conditions
- No Missing Tooth Clause
- No Claim Forms
- No Insurance Cards
- No frequency limitations
- 20% Off of ALL Dental Services



MEMBERSHIP PLAN OPTIONS:

PLAN A: INDIVIDUAL

ANNUAL FEE: \$199

Preventative Treatment is covered 100%!

- New Patient Comprehensive Exam
- 2 Periodic Exams
- 2 Limited Exams
- 1 (set) Bitewing X-rays
- 2 Periapical X-rays
- 1 Full Mouth X-ray**
- **2 Regular Cleanings**
- 2 Fluoride Treatments**
- 2 Oral Cancer Screenings**
- 2 Oral Hygiene Instructions
- **20% off of all other dental services**

*If any patient in an Individual Plan requires 4 Periodontal Maintenance appointments annually instead of 2 Regular Cleanings due to Periodontal Health Status, that patient only will be charged an additional \$99 per year for the 2 additional Hygiene Visits

**as deemed necessary by the dentist and/or age-appropriate

PLAN B: COUPLE

ANNUAL FEE: \$369

Preventative Treatment is covered 100%!

Treatment listed below is per person:

- New Patient Comprehensive Exam
- 2 Periodic Exams
- 2 Limited Exams
- 4 Bitewing X-rays (annual check-up x-rays)
- 2 Periapical X-rays
- 1 Full Mouth X-ray**
- **2 Regular Cleanings**
- 2 Fluoride Treatments**
- 2 Oral Cancer Screenings**
- **20% off of all other dental services**



Shore Dental Arts, P.A.

Family, Cosmetic & Implant Dentistry

*If any patient in a Couple Plan requires 4 Periodontal Maintenance appointments annually instead of 2 Regular Cleanings due to Periodontal Health Status, that patient only will be charged an additional \$99 per year for the 2 additional Hygiene Visits

**as deemed necessary by the dentist and/or age-appropriate

PLAN C: FAMILY (COVERS 2 ADULTS AND 2 CHILDREN, ANY ADDITIONAL CHILDREN ARE \$99 EACH ANNUALLY)

ANNUAL FEE: \$599

Preventative Treatment is covered 100%!

Treatment listed below is per person:

- New Patient Comprehensive Exam
- 2 Periodic Exams
- 2 Limited Exams
- 1 (set) Bitewing X-rays
- 2 Periapical X-rays
- 1 Full Mouth X-ray**
- **2 Regular Cleanings***
- 2 Fluoride Treatments**
- 2 Oral Cancer Screenings**
- 2 Oral Hygiene Instructions
- **20% off of all other dental services**

*If any patient in a Family Plan requires 4 Periodontal Maintenance appointments annually instead of 2 Regular Cleanings due to Periodontal Health Status, that patient only will be charged an additional \$99 per year for the 2 additional Hygiene Visits

**as deemed necessary by the dentist and/or age-appropriate



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RULES AND REGULATIONS:

- This is an In-Office Dental Savings Membership Plan and is NOT dental insurance. It cannot be combined with any other discount or dental insurance. If you have additional insurance coverage you must file your own claims.
- Enrolling in our In-office Dental Savings Plan gives you the opportunity to obtain your dental treatment exclusively at our practice for reduced fees.
- Annual Enrollment Fee for each family member is non-refundable.
- Enrollment Date begins on the date that the premium is paid.
- The plan expires after 365 days.
- All treatments must be paid in full at each visit to keep the plan in effect.
- 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 may incur for each broken appointment without a 2 business day 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, or CareCredit.
- All fees shall be based on our practice's UCR fees and not any other dental plan's fees.
- Family members cannot share benefits.
- Fees or premiums are not refundable.
- Benefits apply to General Dentistry, Hygiene, and Specialty services, provided in our office only located at 616 5th Avenue, Suite 102, Belmar, NJ 07719. Treatment outside our office is not included.
- We reserve the right to change program at any time and without notice



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In-Office Dental Savings Plan Enrollment Form

Sign up now and start saving today!

Date of Enrollment: ____/____/____
 Type of Enrollment (Circle One): Individual/Couple/Family
 Subscriber First Name _____ Last Name _____
 Date of Birth ____/____/____ S.S. # ____-____-____
 CC# _____ EXP _____ CVC _____
 Home Address _____ City _____
 State _____ Zip _____
 Cell Phone _____ Home Phone _____
 E-mail _____

Additional Family Members:

First and Last Name _____ Date of Birth ____/____/____
 Age _____ Spouse/Child/Other _____

First and Last Name _____ Date of Birth ____/____/____
 Age _____ Spouse/Child/Other _____

First and Last Name _____ Date of Birth ____/____/____
 Age _____
 Circle One: Spouse/Child/Other _____

First and Last Name _____ Date of Birth ____/____/____
 Age _____
 Circle One: Spouse/Child/Other _____

First and Last Name _____ Date of Birth ____/____/____
 Age _____
 Circle One: Spouse/Child/Other _____

By Signing below, I acknowledge that I have reviewed the terms of our In Office Dental Savings Plan.

Signature: _____
 Print name: _____

Date: _____