



SDA Dental Savings Plan

effective May 1st, 2023

MEMBERSHIP BENEFITS:

- NO Annual Maximums
- NO Deductibles
- NO Waiting Period
- NO Limitations for Pre-Existing Conditions
- NO Claim Forms
- NO Exclusions
- 15% off ALL Dental Services

TWO INDIVIDUAL MEMBERSHIP PLAN OPTIONS:

PLAN A: INDIVIDUAL

Annual Enrollment Fee: \$399

- 2 Dental Exams
- 2 Regular Cleanings
- 2 Oral Cancer Screenings
- 2 Oral Hygiene Instructions
- Any Necessary X-rays
- 15% off ALL other dental services

UP TO A \$737 VALUE FOR INCLUDED SERVICES!!

PLAN B: PERIODONTAL MAINTENANCE

Annual Enrollment Fee: \$699

- 2 Dental Exams
- 4 Periodontal Cleanings
- 2 Oral Cancer Screenings
- 2 Oral Hygiene Instructions
- Any Necessary X-rays
- 15% off ALL other dental services

UP TO A \$1,185 VALUE FOR INCLUDED SERVICES!!



Shore Dental Arts, P.A.

Family, Cosmetic & Implant Dentistry

RULES AND REGULATIONS:

- This is an annual, in-office dental savings 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 SDA Dental Savings Plan gives you the opportunity to obtain your dental treatment exclusively at our practice for reduced fees.
- Enrollment date begins on the date that the premium is paid.
- The annual membership fee must be paid via a credit or debit card.
- The annual enrollment fee is non-refundable and non-transferable to another person.
- The annual fee for the membership plan you have selected will be deducted from the credit card on file. It will be processed every year within fourteen days from your renewal date. If an annual fee increase is applicable, you will be advised prior to the enrollment fee being processed.
- You must provide written notification 30 days before your annual membership fee is due if you wish to stop participating in the membership program.
- All treatments must be paid in full at each visit to keep the plan in effect.
- All benefits must occur within the year of enrollment and cannot be carried over to the next year.
- Any services exceeding the covered services must be paid at the time of service rendered.
- It is the patient's/parent's responsibility to make and keep appointments for his/her family members.
- All fees shall be based on our practice's UCR fees and not any other dental plan 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 located at 616 5th Avenue, Suite 102, Belmar, NJ 07719.
- We reserve the right to change or terminate program at any time and without notice
- This SDA Dental Savings Plan's terms, rules and regulations dated May 1, 2023 supersedes any previously presented or signed in-office dental savings membership plan.



Shore Dental Arts, P.A.
Family, Cosmetic & Implant Dentistry

SDA Dental Savings Plan Enrollment Form
Sign up now and start saving today!

Date of Enrollment: ____/____/____

Type of Membership Plan (Circle One): Individual \$399/Periodontal Maintenance \$699

Subscriber First Name _____ Last Name _____

Date of Birth: ____/____/____

S.S. # _____

CC# _____ EXP ____/____ CVC _____

Home Address _____

City _____

State/Zip _____

Cell Phone _____ Home Phone _____

E-mail _____

By signing below, I acknowledge that I have reviewed and agree to the terms of SDA Dental Savings Plan. I agree that my credit/debit card on file is being charged the annual fee for the plan I selected today. I agree it will also be charged in the future within 14 days of my yearly re-enrollment date.

Signature: _____

Print name: _____