



Prevention Plus Membership Application

Complete the following application for membership in the **BDC Private Dental Plan** and return it with the first payment for membership fees to:

Bellaire Dental Care
5909 W. Loop South, Suite 410
Bellaire, TX 77401
Tel 713-520-8400 Fax 713-750-9405

Primary Member Information:

LAST NAME		FIRST NAME		MI	SOCIAL SECURITY NUMBER	
STREET ADDRESS					DATE OF BIRTH	
CITY			STATE	ZIP CODE	AREA CODE & PHONE NUMBER	

Dependent Information: (List all eligible dependents you wish to cover below)

LAST NAME	FIRST NAME	MI	RELATIONSHIP	DATE OF BIRTH
1				
2				
3				
Additional				
Additional				

Coverage Information:

Authorization for Pre-Arranged Payments

COVERAGE TYPE:

- SINGLE (\$ 37.00/month or \$ 444/year)
 - SINGLE w/ Perio (\$ 65.00/month or \$ 780/year)
 - COUPLE (\$ 70.00/month or \$ 840/year)
 - FAMILY (\$ 108.00/month or \$ 1296/year)
- In addition to base plan:
- PERIODONTAL RIDER (\$ 28.00/month)

- Monthly Bank Draft (include voided blank check with application)
- Bank Name/Address _____
Bank Routing Code # _____
Bank Account # _____
- Credit/Debit Card (complete separate form with application)
There is a \$3.00 service charge for every credit card or payment card transaction

I have read and understand the terms and conditions of the BDC Private Dental Plan as listed on the back of this form and hereby request membership. I also understand that the membership fees indicated above constitute acceptance for membership in the BDC Private Dental Plan for the twelve (12) months beginning on the date that the application is actually received and approved. I hereby request and authorize Dental Practice Services, Inc. (DPS) to deduct a monthly membership fee from my account with the financial institution named above on the 5th of each month or the first business day thereafter. This authority shall remain in effect for the minimum twelve-month period and thereafter until revoked by me in writing and until said notice is actually received. I agree that DPS shall be under no liability whatsoever upon processing these payments in accordance with the terms.

X

Applicant Signature

Date

For Office Use Only

IDENTIFICATION NUMBER	1 ST BILLDATE	APDATE	EFDATE	ENCFEE
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Terms and Conditions:

- The discounted fees associated with the BDC Private Dental Plan are reduced fees for services performed by Bellaire Dental Care and in no way, qualifies as a dental insurance program.
- The discounts associated with the BDC Private Dental Plan are only available through Bellaire Dental Care and are not available at other dental facilities.
- The monthly membership fees are to be paid for a minimum twelve (12) month period beginning at the date the application is actually received and approved and fees are non-refundable. Unless waived by the dentist, membership will automatically renew on the anniversary date and continue thereafter until cancelled, in writing. Written notice must be provided a minimum of thirty (30) days prior to termination date.
- Membership eligibility is defined as applicant, applicant's legal spouse, and any non-married children, under the age of 22, still living in the household, as a full-time student.
- Any additional dependents after three (3) dependents will have an additional surcharge of \$28 per month, per dependent.
- Fees and plan discounts are subject to change with or without notice.
- Missed or broken appointments without a 48-hour notice will be subject to a charge of \$50 for every one-hour chair-time lost.
- Any payment made by check, automatic draft, or credit/debit card, that is returned for non-payment, will be charged a \$25 return-payment fee.
- All member co-payments are due at time of service.
- Membership in the Dental Plan may be terminated for abuse, fraud, and/or failure to pay membership fees or properly billed dental charges.
- The BDC Private Plan is administered solely by the dental office and may be discontinued at the end of any month with or without notice.
- Unless prior signed financial arrangements have been made, the fee is due, in full, the day of the service. No balances shall be carried by this dental office for more than 60 days after the dental services have been rendered. For this office to accept the Dental Plan or to offer payment plan, patient will be subject to a credit evaluation. If the account is sent to a collection agency, or to an attorney for non-payment, patient will be responsible for any and all collection fees, attorney fees, and accruing interest in addition to the unpaid balance.
- By accepting the BDC Private Dental Plan, an associate must perform a comprehensive exam and personalized treatment plan for each member. Member-patients agree to follow recommended maintenance exams and visits and follow prescribed professional maintenance as prescribed by the dental staff.
- Periodontal maintenance services (D4910) are included under the base Prevention Plus plan for a 20% discount. A non-surgical periodontal maintenance rider can be purchased, in addition to the base plan, for a surcharge of \$28 per member, per month. Periodontal maintenance is limited to twice (2) per anniversary year with a minimum 12-week separation between periodontal maintenance services and prophylaxis services. Monthly rider fee is payable for a minimum twelve (12) month period beginning at the date the application is actually received and approved and fees are non-refundable

Plan Limitations:

- Prophylaxis is limited to twice (2) every anniversary year. A difficult prophylaxis (heavy smoker, neglected teeth, etc.) is subject to type II periodontal disease treatment charges. Additional prophylaxis is available for a 20% discount, per treatment-visit.
- Fluoride treatments are limited to once every anniversary year, per member.
- Denture relines are limited to once per calendar year.
- A denture, bridge, or other appliance installed under the Dental Plan can be replaced only once during the five (5) year period after the original installation. A denture, bridge, or other appliance can be replaced only if it is unsatisfactory and cannot be made satisfactory by a reline or repair. Replacement is based upon the treating dentist review for proper oral hygiene performed by patient, normal wear by patient, and which has not been modified by the patient.
- All covered replacements and services are subject to the co-pay percentages as listed in the Schedule of Services and the private fee schedule of Bellaire Dental Care.
- There is a standard lab fee for precious metal. A \$100 per unit surcharge for precious metal and/or high noble metal shall be required.

Plan Exclusions:

- Any dental procedure in progress (teeth prepared for crowns, root canals in progress, etc.) is excluded.
- Any dental procedure performed either before or after a member's eligibility period is excluded.
- Any dental expense incurred if the dentist is unable to perform a procedure due to the member's general health or physical condition is excluded (patient physically unable to visit the dentist's office, etc.).
- Replacement of a satisfactory filling is excluded.
- Replacement of lost or stolen dentures, bridgework, partials, or appliances is excluded.
- Bleaching or whitening of teeth for cosmetic or restorative purposes is excluded.
- Any dental service provided to the member by any federal or state government, agencies, or military thereof, or services provided without cost to the member by any municipality, county, or other subdivision is excluded.
- Any dental procedure, appliance, or restoration to correct congenital, developmental, or medically induced dental disorders, including but not limited to, treatment of myo-functional, myo-skeletal, or temporomandibular joint dysfunction (TMJ) is excluded.
- Any dental procedure related to injuries, which are intentionally self-inflicted is excluded.
- Any dental procedure not listed as a covered service, including but not limited to, general anesthesia, the services of an anesthesiologist, prescription medications, nitrous oxide, treatment required by reason of war, hospital and/or medical charges of any kind, surgery of fractures and/or dislocations, trauma to the mouth, emergency dental service, and the treatment of malignancies, is excluded.
- Dental procedure costs incurred for sedation dentistry, including but not limited to oral, IV, or inhalation, etc. are excluded.
- Dental procedure costs for sleep apnea, treatment or appliances, are excluded.
- Any fixed prosthetic restoration that is upgraded using esthetic, customized porcelain and shading, processed by an esthetic quality laboratory and technician, is excluded.
- Dental Plan discounts for dental services provided in association of benefits received from an alternate source, including but not limited to, workman's compensation, medical/health insurance, general liability, auto insurance, business liability, etc., are excluded.
- Coordination of BDC Private Dental Plan benefits with other dental plans or insurance plans is excluded.