

Application for Dental Membership

Enrollment Instructions:

Complete the following application for membership and return it with the first month's membership fees to:

Dennis T. Myers, DDS
3115 Ashland Ave., Suite 299
St. Joseph, MO 64506
Tel 816-232-9790 Fax 816-232-9814

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 (\$ 39.00 per month)
- COUPLE (\$ 59.00 per month)
- FAMILY (\$ 89.00 per month)

In addition to base plan:

- PERIODONTAL RIDER (\$ 30.00 per month)

Monthly Bank Draft (include voided blank check with application)

Bank Name _____

Bank Routing Code _____

Bank Account # _____

I have read and understand the terms and conditions of the St. Joe Smiles 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 St. Joe Smiles 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 St. Joe Smiles Private Dental Plan are reduced fees for services, performed by Dennis T. Myers, DDS and in no way qualifies as a dental insurance program.
- The discounts associated with the St. Joe Smiles Private Dental Plan are only available through Dennis T. Myers, DDS 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.
- Membership eligibility is defined as applicant, applicant's legal spouse, and any non-married children, under the age of 21, still living in the household.
- Any additional dependents after three (3) dependents will have an additional surcharge of \$12 per month per dependent.
- Fees and plan discounts are subject to change without notice.
- Missed or broken appointments without 24-hour notice will be charged \$20.
- All member co-payments are due at time of service.
- Membership in the St. Joe Smiles Private Dental Plan may be terminated for abuse and failure to pay membership fees or properly billed dental charges.
- The St. Joe Smiles Private Dental 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. 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 the collection fees, attorney fees, and accruing interest in addition to the unpaid balance.
- Members, who do not qualify for approved credit, will have coverage available for an increased monthly premium amount.
- Periodontal maintenance services are excluded under the base Premium Plus plan. A non-surgical periodontal maintenance rider can be purchased, in addition to the base plan, for a surcharge of \$30 per member per month. 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:

- Dental Plan benefits are limited to a maximum of \$1250 per each covered family member per membership year.
- Prophylaxis is limited to twice every calendar year. A difficult prophylaxis (heavy smoker, neglected teeth, etc.) is subject to a \$20 surcharge.
- Fluoride treatments are limited to twice every calendar year, per member up to age 14.
- All covered replacements are subject to the co-pay percentages as listed in the Schedule of Services.

Plan Exclusions:

- Any dental procedure in progress is excluded (i.e. teeth prepared for crowns, root canals in progress, etc.).
- Any dental procedure performed either before or after a member's eligibility period is excluded.
- Bleaching of teeth for cosmetic purposes only is excluded.
- Replacement of lost or stolen bridgework or appliances is excluded.
- Coverage for removable prosthodontics (dentures) is excluded.
- Any dental service provided to the member by state government or agencies 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, implants, treatment required by reason of war, hospital and medical charges of any kind, surgery of fractures and dislocations, emergency dental service, and the treatment of malignancies, is excluded.
- Lab fees are excluded as a covered service and are payable in addition to the member's co-pay amount.
- Coordination of St. Joe Smiles Private Dental Plan benefits with other dental plans or insurance is excluded.
- Dental Plan discounts for dental services provided in association of benefits received from an alternate source, i.e. workman's compensation, medical insurance, general liability, etc. is excluded.

