



ADC Program

Our Affordable Dental Care Program was designed for individuals and families of our practice without Dental Benefits! A dental program tailored to fit your individual dental needs and your budget.

The **ADC Program** is designed to provide affordability and greater access to quality care.

With our **ADC Program** there are:

- No yearly maximums
- No deductibles
- No claim forms
- No pre-authorization requirements
- No pre-existing condition limitations
- Immediate eligibility (no waiting periods)
- Free Consultations

Benefits Premiums:

Plan Type

○ **Single: \$250 (Annual Premium)**

○ **Dual: \$500 (Annual Premium)**

*The dual plan is for a parent/child or spouse/spouse ONLY

○ **Family (4): \$750 (Annual Premium)**

*Family Plan includes family members and children who are enrolled fulltime in school until the age of 23 or children who are not enrolled in school until the age of 18

(\$200 for each additional family member)

Coverage

Exams:

- Periodic exams: 100% discount
2 periodic exams per year

X-rays:

- Bitewing X-Rays: 100% discount
4 films per year
- Panorax X-Ray: 50% discount
1 image every 3 years
- Periapical (PA) X-Ray: 50% discount
- Full Mouth X-Ray Series- 50% discount
1 set every 3 years

Preventative Services:

- Cleanings (2 per year): 100% discount
- Additional Cleanings per year: 30% discount
- Fluoride: 50% discount
- Sealants: 50% discount

Other Procedures:

- Implants-Abutments: 10% discount
- Implant crowns: 10% discount
- Fillings: 15% discount
- Root canals: 15% discount
- Crowns: 10% discount
- Inlays/Onlays: 10% discount
- Bridges: 10% discount
- Dentures and Partial: 10% discount
- Build up/post & core: 10% discount
- Whitening procedures: 5% discount

This is not dental insurance, this is a discount plan designed to help people who are not covered by private insurance. If you acquire private insurance after the yearly premium is paid there will not be reimbursement.

The yearly premium will expire after one year, a consecutive 365 days from sign up date.

Please indicate which plan you are interested in and return this half sheet to our office. This will be a form of documentation in your paper chart indicating which plan you have decided on and that you understand the terms and conditions listed above.

- Single: \$250 Annual Premium**
- Dual: \$500 Annual Premium**
relative: _____
- Family: \$750 Annual Premium**
relatives names: _____

- Additional Members: \$200 each Annual Premium**
number of addition members: _____

Patient Name (Printed): _____ Date: _____
 Patient Signature: _____ Date: _____
 Employee Signature: _____ Date: _____