

QDP- Explanation of Benefits

Quality Dental Plan

INCLUDED BENEFITS

QDP is an annual reduced-fee savings plan for families and individuals that allows all QDP Members to receive quality dental services at greatly reduced prices. Unlike conventional insurance plans, with QDP there are **no deductibles, no yearly maximums, and no waiting periods to begin treatment**. QDP benefits coverage begins immediately on plan registration.

Benefits include:

- Free complete annual dental exams (up to two a year)
- All x-rays needed to complete annual exams
- Two Free standard Prophy (Periodontal maintenance cleanings \$45.00 copay)
- Free fluoride (up to two per year)
- A 20% savings on all dental procedures

A QDP Membership is \$449.00 for an initial plan member... and only \$399.00 for each additional family member; which represents an additional savings of \$50.00 per member. Eligible family members include spouse and dependent children under the age of 19 (up to age 23 if dependent child is a full-time student). All QDP Membership fees are due and payable at the time of registration and are non-refundable. Plan duration is for one year from registration date. All patient portions for services received are due at time of services in order to receive benefits. All members of a QDP family account will have the same anniversary date as the primary member. Interest-free payment plans of 6 and 12 months duration are available on request with approved credit through Care Credit. Repayment duration is based on service totals. When a payment plan is used, your QDP Member Savings will be 10% upfront and you use the remaining 10% to receive interest free payment options. A missed appointment fee of 25% of treatment total will be charged for all missed dental appointments. Please notify our office at least 48 hours in advance if you must change a scheduled appointment.

Dental limitations and Exclusions

- Demonstrated non-compliance with patient's recommended course of treatment
- If you have Periodontal Disease, a Periodontal Maintenance will be performed as a 'simple' cleaning will not be sufficient for your oral health care needs. The simple cleaning benefit, included in the QDP membership, will be applied to the costs of your Periodontal Maintenance cleanings. The difference in cleaning fees will be your responsibility at the time of service.
- Restoration, splints or other appliances used to increase vertical dimension or restore occlusion
- Oral surgery requiring the setting of fractures or dislocations
- Treatment of malignancies, cysts or neoplasms
- Congenital malformations, except congenital anomaly of a tooth or teeth covered from birth
- Dispensing of drugs not normally supplied in a dental office
- Hospital benefits for any dental procedure
- Loss or theft of dentures or bridgework
- Implantation
- Experimental procedures
- Services for injuries or conditions which are covered under Worker's Compensation or Employer's Liability laws
- Services which are provided without cost to the member by any municipality, county or other political subdivision
- General anesthesia.
- Services that cannot be performed because of the general health, physical or psychological limitations of the patient
- Periodontics, endodontics, oral surgery or pedodontics requiring the services of a non-participating dentist
- Those procedures requiring appliances or restorations that are necessary for full mouth rehabilitation, or to alter, restore or maintain occlusion, including, with limitation, treatment of disturbances of the temporomandibular joint
- Diagnosis and treatment of myofacial pain dysfunction syndrome
- Procedures performed in the hospital
- QDP Participants cannot use other dental coverage in conjunction with their Quality Dental Plan coverage
- Yearly benefits are not carried over to the next year once the membership anniversary date is reached

Last Name _____ First _____ MI _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Birth Date _____ Employer _____

List covered dependants:

Name	Birth Date	Relationship

Quality Dental Plan – Total Amount Due _____

Payment Method:

- Cash
- Check
- Credit Card # _____ Exp date _____

Card Type: MasterCard/Visa/Discover/American Express

Signature _____

Please read and sign below:

Quality Dental Plan offers significant discounts on dental services. I understand the benefits, limitations, exclusions, and requirements of this plan and agree to the following:

Fees for dental services are due when rendered. Fees for prosthodontic (dentures) and cast restorations (crowns, inlays, onlays, veneers) are due at the preparation/impression visit. If you choose not to pay at the time of service you will be billed our usual and customary fees for such services.

Signature _____ Date _____