



NARJES ABTAHI, DDS
YOUR COMMUNITY SMILE

Dental Savings Plan Application

THIS IS AN ANNUAL PLAN

First Name _____ Last Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____ Email _____

Additional Household Family Members

Name _____ DOB _____ Relation to Primary Member _____

Name _____ DOB _____ Relation to Primary Member _____

Name _____ DOB _____ Relation to Primary Member _____

Name _____ DOB _____ Relation to Primary Member _____

_____ **Individual Plan (\$190)** _____ **Dual Plan (\$360)**

_____ **Family Plan (First 3 people \$540. Additional family members \$180 each) \$_____**

Plan Start Date _____ **Month** _____ **Year** _____

Payment Type _____ Cash _____ Credit Card _____ Total _____

Credit Card # _____ Expiration Date _____

Signature _____

Refer to the Dental Savings Plan for program guidelines, exclusions, and limitations.



Narjes Abtahi, DDS
Your Community Smile

DENTAL SAVINGS PLAN

Your Community Smile's Dental Savings Plan is an annual plan designed to provide affordability and greater access to quality dental care.

With your Dental Savings Plan there are:

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

BENEFIT PREMIUMS

	Annual Fee
Single	\$190
Dual	\$360
Family (3 included)*	\$540

The Dual Plan is for Parent/Child or Husband/Wife only.

Children listed on the plans are covered until 26 years of age.

*\$180 for each additional member.

DENTAL SAVINGS PLAN
(The services listed in this box below are automatically included when you purchase the plan. All other services will be offered at a discounted rate.)

Annual Benefits
Total Value - \$383

EXAMS & CLEANINGS (2)
Comprehensive, Periodic, Prophylaxis, & Fluoride

X-RAYS
4 Bitewings & 3 PAs

PARTIAL LIST OF DISCOUNTED BENEFITS**

Procedures	In-House Fees	Fees Without Discount Plan
<u>X-RAYS</u>		
Pano	\$75	\$119
Full Mouth	\$75	\$108
<u>Filling</u>		
Anterior	\$125 - \$243	\$179 - \$347
Posterior	\$139 - \$274	\$199 - \$391
<u>Root Canal</u>		
Anterior	\$561	\$802
Bicuspid	\$642	\$917
Molar	\$768	\$1,097
<u>Crown</u>		
No Build Up	\$889	\$1,270
With Build Up	\$1,107	\$1,582
<u>Extraction</u>		
	\$135	\$193

**A full list of our fee schedule for all procedures can be reviewed in our office upon your request. The fee schedule can be revised yearly. **

PROGRAM GUIDELINES, EXCLUSIONS, AND LIMITATIONS

This program is an annual discount plan and not a dental insurance plan. It starts on the start date noted on the signed application.

- The Dual Plan is for Parent/Child or Husband/Wife.
- Children listed on the plans are covered until reaching 26 years of age.
- No refunds will be issued at any time if participant decides to not utilize this Dental Savings Plan.
- Discount Savings Plan annual fee is due at the time of service.

The Dental Saving Plan cannot be used in the following manner:

- In conjunction with another dental plan or dental insurance.
- For services for injuries covered under workmen's compensation.
- For treatment which, in sole opinion of the treating dentist or doctor, lies outside the realm of their capability.
- For referral to specialists.
- For hospitalization or hospital charges of any kind.
- For costs of dental care which is covered under automobile medical.

This plan is only honored at the office of Your Community Smile, Narjes Abtahi, DDS.

