



# NARJES ABTAHI, DDS YOUR COMMUNITY SMILE

19420 Golf Vista Plaza, Suite 210, Lansdowne, VA 20176 703-724-0015

## 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 (\$170) \_\_\_\_\_ Dual Plan (\$320)

\_\_\_\_\_ Family Plan (First 3 people \$490. Additional family members \$150 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)
- Free consultations

### BENEFIT PREMIUMS

	Annual Fee
Single	\$170
Dual	\$320
Family (3 included)*	\$490

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

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

\*\$150 for each additional member.

### Dental Savings Plan Annual Benefits

**Total Value \$390 - \$509**

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

**X-RAYS**  
(Only recommended X-rays will be taken.)  
4 Bitewings, 2 PAs, Full Mouth, or Pano

### PARTIAL LIST OF DISCOUNTED BENEFITS\*\*

Procedures	In-House Fees	Fees Without DSP
<b>Filling</b>		
Anterior	\$125 - \$243	\$179 - \$347
Posterior	\$139 - \$274	\$199 - \$391
<b>Root Canal</b>		
Anterior	\$561	\$642
Bicuspid	\$768	\$802
Molar	\$917	\$1,097
<b>Crown</b>		
No Build Up	\$889	\$1,270
With Build UP	\$1,107	\$1,582
<b>Extraction</b>	\$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.
- Patient's portion of the bill is due at 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.