



## In-House Membership Dental Plan

### Why Our Plan?

- Low-cost membership
- No waiting period
- Use your plan immediately, as many times as you need it, and with no limits on use.

### Annual premium:

- Adult: **\$450 / year**
- Child (up to the age of 17): **\$248 /year**

### Annual Premium is required to pay in full (non-refundable) at the time of application.

- Adult, Child (up to the age of 17)
- Plan includes per 12 months:
  - 3 Regular cleanings (see note 1)
  - 1 FMX (x-ray)
  - 2 dental exams
  - 1 Emergency exam (includes 1 PA and 1 BW)
- Other dental procedures are discounted at 15% of UCR fee schedule (see note 2)
- 5% Discount on membership fee for auto renewal membership.

### Notes:

1. If there is required for periodontal maintenance. The first three (3) Perio cleanings, additional charge \$40 / periodontal maintenance. The fourth one will be at the applicable discount rate
2. Not applicable for cosmetic procedures
3. One time processing fee \$35

Effective 1/1/2025

### In House Dental Plan – Application

Effective date: \_\_\_\_\_

Last name		First name	MI	Subscriber SS#
Home address				Apt#
City			State	Zip code
Male / Female	Date of birth	Home phone	Work phone	Email

Year	Other Dental Treatment procedures
1st year	15% Discount of UCR fee
2 <sup>nd</sup> year	<b>Auto renewal membership 5% discount</b>

**Please charge to my**  Visa  MC  \_\_\_\_\_

Name \_\_\_\_\_

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ CID# \_\_\_\_\_

**I hereby authorize credit card payment in the amount indicated on this application AND agree to pay annual auto renewal.**

Signature \_\_\_\_\_

	Annual premium	Qty	Total
Adult	\$450 / year		
Child	\$248 / year		
Application Fee \$35 *			

**Total**

#### Use and Disclosure of Personal Health Information:

**Agreement** - I understand that any dispute or controversy which may arise between Everlast Dental and I, may be submitted to binding arbitration in lieu of a jury or court trial.

**Authorization to release dental records** - I hereby authorize the release and disclosure to review, or to obtain a copy of, any and all dental records which pertain to me or any member of my family which will be kept strictly confidential. This authorization shall remain valid for the term of this coverage.

**Annual Premium is required to pay in full (non-refundable) at the time of application.**

- Adult, Child (up to the age of 17)
- Plan includes per 12 months: 3 Regular cleanings, 1 FMX (x-ray), 2 dental exams, 1 Emergency exam (includes 1 PA and 1 BW)
- Other dental procedures are discounted at **15%**
- Note 1: Not applicable for cosmetic procedures
- Note 2: If there is required for periodontal maintenance. The first three (3) Perio cleanings, additional charge \$40 / periodontal maintenance. The fourth one will be at the applicable discount rate
- (\*) Application processing fee \$35 (one time charge).

Signature \_\_\_\_\_ Date \_\_\_\_\_