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(210) 655-2753 Ph. ● (210) 655-3443 Fax

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www.advanceddentalsa.com

For Office Use Only

Annual Renewal Effective Date:

APPLICATION FOR ADVANCED DENTAL ASSOCIATES IN-HOUSE DENTAL PLAN

PERSONAL/SPOUSE'S INFORMATION:

Name, Email Address, Address, City, State, Zip, SSN, Home phone, Cell, Work

ADDITIONAL FAMILY MEMBER INFORMATION:

Name, Email Address, Address, City, State, Zip, SSN, Home phone, Cell, Work

CHILDREN'S INFORMATION:

Name, M / F, Birthday (repeated for multiple children)

PLAN COST:

Individual \$270
Additional Family Member: \$245
Child Member: \$145 (13 years and under) Total Annual Cost:

Applicant's Signature

Date



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PATIENTS WHO PARTICIPATE IN OUR DENTAL SAVINGS PLAN EXPERIENCE:

- No Maximum per year.
- No deductibles.
- No claims to submit.
- No pre-authorization.
- No limitations for pre-existing conditions
- No waiting periods for treatment

TERMS AND LIMITATIONS OF THE PLAN:

- **Membership fees are due upon enrollment and are nonrefundable.**
- Family members cannot be substituted in for one-another.
- Effective date is the date of sign-up.
- Renewal date is 1 year from the sign up date.
- Cleaning must be performed before the end of the coverage date.
- This is a Dental Discount Membership Plan, **NOT Dental Insurance (cannot be combined with insurance or any other discounts).**
- Payment is due at the time of service for any work not covered at 100%. **NO EXCEPTIONS.**
- Rates are subject to change annually.
- The Membership Plan will not pay for any procedures performed in the hospital, specialist or any other place other than Advanced Dental Associates.
- This plan does not pay for the procedure itself, rather offer a discount on the recommended procedure done at Advanced Dental Associates.
- Discounts under your membership do not apply to any treatment prior to joining.
- **EXCLUSIONS:** All on Four (Hybrid Dentures) and Whitening Trays.

TREATMENT SERVICES: 15% FEE REDUCTION:

DIAGNOSTICS:

- Comprehensive Exam for new patient — 100% (1COE a year every 3 yrs.)
- 2 Routine examinations per year— 100%
- 1 set of bitewings x-rays per year — 100%
- Panorex 1/3 or 1/5 —100%
- Periapical x-rays — 100% unlimited
- FMX — 1/3
- Limited/Emergency exam —2x per year —100% and 10% off on any additional limited exam
- Diagnostic Casts — 100%

PREVENTIVE CARE:

- 2 dental cleanings per year — 100%
- After the first two cleanings, any additional cleanings in a year are 15% off
- 2 fluoride treatments per year —100%
- 15% off dental sealants
- Oral Cancer Screening

PERIODONTAL CARE:

- Periodontal Evaluation (1 a year)

- SRP
- Full Mouth Debridement
- Fine Scale/Polish
- Two Perio Maintenance (PM) per year @100% post LANAP/SRP procedure; any additional PM 15% off
- LANAP Treatment

RESTORATIVE CARE:

- Fillings
- Core buildup for crown placement
- Root Canal Therapy
- Dentures and Partials
- Dental Crowns/Bridges
- NTI
- Occlusal Guard
- Porcelain Veneers
- Diagnostic Wax-up's

ORAL SURGERY:

- Extractions (simple and complicated)
- Implant Restorations
- Conscious Sedation
- Bone Grafts (Bone Augmentation)
- Full Mouth reconstruction
- Cosmetic Dentistry
- Tissue Augmentation
- Tori Removal
- Alveoplasty
- Implant supported Dentures/Partials
- Crown Lengthening
- Implant Placement

By Signing, I hereby accept all terms and fees provided to me by Advanced Dental Associates.

Member's Signature _____

Date _____