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**STEVE EDWARDS, D.D.S. ⏺ ROBERTO VILLARREAL, D.D.S. ⏺CRAIG LONG, D.D.S.
⏺AIMEE GARCIA, D.D.S. ⏺ AMANDA CASTILLO, D.D.S**

**16131 Nacogdoches Rd. San Antonio, TX. 78247**

For Office Use Only

**Annual Renewal: \_\_\_\_\_**

**Effective Date: \_\_\_\_\_\_\_**

**Employee Initial: \_\_\_\_\_**

**(210) 655-2753 Ph. ⏺ (210) 655-3443 Fax**

ada@advanceddentalsa.com

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**Application For Advanced Dental Associates In-House Membership Plan**

**Personal/Spouse’s Information:**

 **Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **SSN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_ Work\_\_\_\_\_\_\_\_\_**

**Children’s Information:**

 **Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M / F Birthday\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M / F Birthday\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M / F Birthday\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M / F Birthday\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Plan Cost:**

**Individual: $310. Savings - $128.**

**Child Member: $249. (13 years and under) Savings - $208.**

**Periodontal Plan: $420. Savings - $293.**

**Applicant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 signup 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), SNAP-ON Dentures and Whitening Trays.
* **For patients enrolled in active periodontal maintenance due to prior treatment of periodontal (gum) disease.**
* **For patients with regular cleanings and absence of periodontal disease.**

**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 15% 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:**

* SRP
* Full Mouth Debridement
* Fine Scale/Polish
* LANAP
* Three Perio Maintenance (PM) per year @100% post LANAP/SRP procedure; any additional PM is 15% off **(ALL PM must be performed before the end of the coverage date)**

**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)
* L-PRF
* Full Mouth reconstruction
* Cosmetic Dentistry
* Tissue Augmentation
* Tori Removal
* Alveoplasty
* Implant supported Dentures/Partials
* Crown Lengthening
* Implant Placement

**Miscellaneous Treatment**

* Clear Correct
* Traditional Braces

**By Signing, I hereby accept all terms and fees provided to me by Advanced Dental Associates.
Member’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_**