



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

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

ada@advanceddentalsa.com

www.advanceddentalsa.com

PATIENTS WHO PARTICIPATE IN OUR DENTAL SAVINGS PLAN EXPERIENCE:

- No Maximum per year.
- No deductibles.
- No claims to submit.
- 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 and 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 offers 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** APPLY ON CERTAIN DENTAL PROCEDURES-ASK FOR DETAILS.

APPLICATION FOR ADVANCED DENTAL ASSOCIATES IN-HOUSE MEMBERSHIP PLAN

PERSONAL INFORMATION

PATIENT FULL NAME: _____ PATIENT DOB: _____

CHILDREN'S INFORMATION:

Name _____ M / F Birthday _____

Name _____ M / F Birthday _____

PLAN COST:

Individual: \$450. (Savings - \$254)
 Child Member: \$325. (13 years and under) Savings - \$230.
 Periodontal Plan: \$595. (Savings - \$245)

Treatment Services Covered at 100%

Diagnostics & Preventive:

- Comprehensive Exam (New Patient)
- 2 Periodic /Limited Exam per year
- 1 Set of Bitewings X-Rays per year & Oral Cancer Screening
- Panorex/FMX/ Periapical X-Rays
- 2 Dental cleanings per year
- Three Perio Maintenance (PM) per year @100% post LANAP/SRP procedure
- 2 Fluoride treatments per year

Treatment Services with 15% Discount

1. Periodontal Treatment:

- SRP Periodontal Treatment
- LANAP Periodontal Treatment
- Full Mouth Debridement
- Scale with inflammation with gingivitis.
- 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)**
- Sealants

2. Restorative Treatment:

- Fillings
- Root Canal Therapy & Pulp therapy
- Dentures and Partials
- Dental Crowns/Bridges & Build Ups & Implant Crowns
- NTI & Occlusal Guard
- Porcelain Veneers

3. Oral Surgery Treatment:

- ALL Extractions
- Implant Restorations & Implant Placement
- Bone Grafts (Bone Augmentation)
- Guided Tissue Augmentation
- Tori Removal
- Alveoplasty
- Crown Lengthening

****EXCLUSIONS APPLY ON CERTAIN DENTAL PROCEDURES-ASK FOR DETAILS****

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

Member's Signature _____

Date _____