



YATES CENTER

DENTAL AND ORTHODONTICS

Dr. Matthew Standridge

109 W Butler, PO Box 226, Yates Center, KS 66783

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DENTAL SAVER PLAN

WHAT IS THE DENTAL SAVERS PLAN ALL ABOUT?

The YC Dental Savers Plan is an annual plan that has been developed to deliver quality dental care services to families like yours, at prices that make sense for today's economy. Our office offers the convenience of a wide variety of services, plus the individualized attention of private care.

WHERE ARE SERVICES OBTAINED?

Services for this plan are offered at OUR OFFICE ONLY, Yates Center Dental located at 109 W Butler St, Yates Center, KS 66783.

WHO IS ELIGIBLE?

You, your spouse, and any of your children. This plan **CANNOT BE USED IN CONJUNCTION WITH OTHER THIRD-PARTY DENTAL BENEFITS.**

WHEN WILL BENEFITS BEGIN?

You can begin using your membership benefits **IMMEDIATELY**. Memberships are paid annually or monthly and **per person**.

WHAT ARE THE BENEFITS?

Your Dental Savers Plan provides you with up to 2 simple teeth cleanings per year (includes fluoride, xrays and exam), local anesthetics, **ANY xrays taken through the year are at no charge to you** (15% discount on orthodontic record xrays and 3D Cone Beam xray). Your membership also provides you with special pricing on **ALL OTHER SERVICES**, including procedures that are usually not covered by traditional dental insurances, like nightguards, whitening, and dental implants. Unlike dental insurance plans there is **NO YEARLY MAXIMUM OR DEDUCTIBLES** to meet.

Work-in care: Eligible members may receive a **complimentary UNSCHEDULED** work-in examination per year, as in sudden pain that needs immediate attention. **ALL NECESSARY XRAYS ARE COVERED AT NO COST TO YOU** and any necessary treatment is provided at the reduced rate.

WHAT IS THE COST?

New Patients: \$150 down and \$30 a month PER PERSON

CURRENT PATIENTS: \$30 a month per person

(for a minimum of 12 months)

Or Pay in Full for a year:

NEW Patients: Adults \$450, Under 14 \$349 per person

Renewal of the savings plan for all ages is \$349 per year.

This is often **HALF** of what traditional dental insurance can cost annually.

DISCOUNT SCHEDULE FOR MEMBERSHIP PLAN

15% off all procedures and office products

The 15% is automatically deducted from our office fees.

PATIENT PAYMENTS

All payments are made directly to the Yates Center Dental office. **Payment IN-FULL is expected at each appointment as treatment is performed. You should discuss all future payments and costs BEFORE new appointments are made. Financial options for payments are available** with approved credit.

HOW DO I JOIN?

Complete the attached enrollment form and return WITH PAYMENT to Yates Center Dental.

LIMITATIONS & EXCLUSIONS

1. Demonstrated non-compliance with the recommended course of treatment.
2. Services, which in the opinion of the attending dentist are neither necessary nor recommended for the patient's health.
3. Any service you are referred out of the office for: Periodontics, Endodontics, Orthodontics, and Oral Surgery.
4. Congenital malformations, except congenital anomaly of a tooth or teeth covered from birth.
5. Dispensing of drugs not normal supplied in the dental office.
6. Hospital benefits for any other dental procedure.
7. Loss or theft of dentures, bridges, crowns, retainers, or other appliances.
8. Services for injuries or conditions, which are covered under Workers' Compensation or Employer's Liability Laws.
9. Services that cannot be performed because of general health, physical, or psychological limitations of the patient.
10. **If patient should become covered by a traditional dental plan, this plan becomes null and void with NO REFUND of the fees paid.**
11. **Memberships are non-refundable in the case of patient relocation or death.**
12. Missed appointment fees (\$35 per hour reserved) are not subject to discount.
13. **IF YOU DO NOT RECEIVE BOTH CLEANINGS IN YOUR ONE YEAR COVERAGE; 2ND CLEANING WILL BE CARRIED OVER NO MORE THAN 4 WEEKS PAST MEMBERSHIP END DATE**



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Enrollment Form

Name of person/people enrolling at this time:

Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

Payment Method:

_____ Monthly (must be paid by card) _____ Annually

_____ Check Enclosed: \$ _____ (make payable to Yates Center Dental)

_____ Card

Please read and sign below:

I understand the benefits, limitations, exclusions, and requirements of the Dental Savings Plan and I agree to the following: To pay the annual fee, fees for dental services are due at the time services are rendered. Failure to comply may result in my being charged the usual and customary fees for those services. A late fee of \$2.00 per day will apply to accounts when there are not sufficient funds available in your account to clear your check payment when paying for services and/or initial yearly fees. I agree to pay any and all costs in collecting all charges including, but not limited to, attorney fees and court costs. Coverage must be continuous. Late fees must be made up for interrupted service. Fees are non-refundable. If other dental coverage is obtained while on the YCD Dental Savers Plan, members will be required to use the dental insurance and the membership plan will be terminated. IF YOU DO NOT RECEIVE BOTH CLEANINGS IN YOUR ONE YEAR COVERAGE; 2ND CLEANING WILL BE CARRIED OVER NO MORE THAN 4 WEEKS PAST MEMBERSHIP END DATE.

Signature _____

Membership Start Date: _____ Membership End Date: _____