

## **Bedminster Family and Cosmetic Dentistry**

**Dr. Mike Mavrostomos Dr. Jion Kim**

One Robertson Drive Suite 14 Bedminster NJ 07921

908-234-1401

### **BEDMINSTER FAMILY AND COSMETIC DENTISTRY**

#### **IN HOUSE DENTAL PLAN**

We are pleased to offer an in-house quality dental plan to help our patients maintain regular preventative care and procedures. In exchange for an affordable annual enrollment fee, you will receive preventative maintenance and discounts on many commonly performed dental procedures.

#### **BENEFITS**

- ❖ No yearly maximums
- ❖ No deductibles
- ❖ No claim forms
- ❖ No pre-authorization requirements
- ❖ No waiting periods
- ❖ No pre-existing conditions
- ❖ 15% discount on basic restorative procedures
- ❖ 10% discount on all major restorative procedures
- ❖ Cosmetic dentistry, dental implants, and orthodontic treatments are included

#### **COVERAGE INCLUDES**

##### **EXAMINATIONS**

- |  |      |
|--|------|
| • New patient Comprehensive Exam           | 100% |
| • Periodic Exam (2/year)                   | 100% |
| • Limited Exam (emergency 1/year)          | 100% |
| • Vel-Scope Oral Cancer Screening (2/year) | 100% |

##### **RADIOGRAPHS (all necessary standard xrays)**

- |  |      |
|--|------|
| • Full Mouth X-Rays (1 per 3yrs-5yrs)        | 100% |
| • Bitewings (1/year)                         | 100% |
| • Periapical (first film+2 additional /year) | 100% |

##### **PREVENTATIVE**

- |  |      |
|--|------|
| • Adult Cleaning (2/year)  | 100% |
| ○ Any additional cleanings receive a 15% discount                |      |
| • Child Cleaning (2/year)  | 100% |
| • Fluoride treatment (2/year up to age 16)                       | 100% |
| • Periodontal Maintenance (2/year)                               | 100% |
| ○ Any additional perio maintenance visits receive a 15% discount |      |

THE FOLLOWING SERVICES RECEIVE A 15% DISCOUNT

- Fillings
- Night guards/sport guards
- Root canals
- Sealants
- Extractions
- Scaling and root planing
- Any additional hygiene visits that are necessary
- Exams and xrays for the non-active family plan members

THE FOLLOWING SERVICES RECEIVE A 10% DISCOUNT

- Bridges
- Crowns
- Implant restorations and services
- Partials
- Full Dentures
- Invisalign
- Retainers
- Veneers

THE FOLLOWING SERVICES **DO NOT** RECEIVE A DISCOUNT

- Botox and Dermafillers
- Snore guards
- Nitrous Oxide
- Prevident/Therasol/GC Paste
- Bleaching: In office and Take home
- Bleach touch up kits
- TCS/Sonic cleaner for appliances
- Lab fees
- Sonicare/Braun toothbrushes, heads, or any other motorized brush and accessories

INDIVIDUAL PLAN-           \$600 Per Year

FAMILY PLAN-               \$600 Per Year

- One family member must be active.
- All family members must be under the same household.
- One family member will receive 2 exams and 2 cleanings and xrays per year at 100%. The rest of the family will receive the appropriate discounts on all services as outlined on the previous page.
- The third or fourth cleaning for the active member for the year will receive a 15% discount

**TERMS AND LIMITATIONS**

Benefit coverage is effective for participants who remain enrolled in their plan at least until the completion of treatment. If enrollment expires before treatment is completed, coverage is no longer available.

There is no ID card, no group or member number to bring. All of your membership information will be kept in your electronic record. Your effective date is the day you sign up and your renewal date is the same date every year.

- ❖ This is a dental discount plan and is NOT dental insurance
- ❖ It is good only for Bedminster Family and Cosmetic Dentistry.  
Therefore, if you are referred to a specialist, they will NOT offer this discount.

- ❖ Should there be dental treatment needed following any type of injury where a lawsuit and therefore outside medical care, disability or workman's comp type insurances are involved, this discounted plan cannot be used.
- ❖ This plan is NON-transferrable. Family members cannot be substituted in for another family member that do not reside in the same household.
- ❖ This plan is NON-refundable. No refunds given if patient chooses not to use their dental plan during the enrollment period.
- ❖ Rates are subject to change annually.
- ❖ Payments for services are due at time of service. If you choose to extend your payment for treatment by paying through CareCredit, the discount is reduced to 10% due to merchant fees.
- ❖ If a lapse occurs in enrollment/renewal, there will be a reinstatement fee of \$50.
- ❖ Plan will auto-renew on anniversary date.

### **YEARLY DUES**

Yearly dues will auto renew on the anniversary date.

**I have read and agreed to the terms and conditions of Bedminster Family and Cosmetic Dentistry's In House Dental Plan membership. I understand that this membership plan starts today**

---

**All of my questions and concerns have been addressed/answered**

Patient Name:(print)\_\_\_\_\_ Date:\_\_\_\_\_

Patient Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Coverage Begins On The Day You Register

Please fill out the form below

Plan Holder Information:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Dependent:

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Enrollment period

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Signature

Date \_\_\_\_\_

Mastercard / Visa / American Express

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

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_