

DAVIDSON FAMILY DENTISTRY MEMBERSHIP PLAN

The Davidson Family Dentistry Membership Plan is designed to provide affordability and greater access to quality dental care.

With your comprehensive dental plan there are:

- **No Yearly Maximums**
- **No Deductibles**
- **No Claim Forms**
- **No Waiting Periods**
- **No Preauthorization Requirements**
- **No Pre-Existing Conditions**

COST OF DENTAL PLAN

Total Annual Cost

Single	\$372
Dual	\$698
Family*	\$1,077

* The family plan includes all children (up to age 18) in the family (up to 13 children).

PROGRAM GUIDELINES

Patient's portion of bill is due on day of service

The cost of the Davidson Family Dentistry Membership Plan is subject to change annually.

The cost of the plan is NON-REFUNDABLE. No refunds will be issued if patient elects not to utilize.

Plan's effective date and record of usage will be maintained by DFD.

Group membership plans are available. Please call 515-279-3848 to inquire.

COVERAGE TABLE	
Treatment	Member Discount
DIAGNOSTIC AND X-RAYS	
Comprehensive Exam (new patient, initial visit)	100%
Periodic Exam (2 per yr)	100%
Limited Oral Exam, Problem Focused (1 per yr)	100%
Intraoral - Complete Series or Panorex (1 every 3 yrs)	100%
Intraoral - Periapical, First Film	100%
Intraoral - Periapical, Each Additional Film	100%
Intraoral - Occlusal Film	100%
Bitewings (yearly, as needed)	100%
PREVENTIVE	
Child Prophylaxis (cleaning) (2 per yr) Additional visits	100% 15%
Adult Prophylaxis (cleaning) (2 per yr) Additional visits	100% 15%
-or-	
Adult Periodontal Maintenance (2 per yr) Additional visits	100% 15%
Fluoride (2 per yr, no age limit)	100%
Sealants	50%
Nightguards	15%
ALL OTHER PROCEDURES	
Whitening	25%
Fillings	15%
Crowns	15%
Periodontics (General Dentistry)	15%
Dentures and Partials	15%
Oral Surgery (limited to extractions including third molar)	15%
Root Canals	15%
Implants	15%
Sedation	15%

PROGRAM EXCLUSIONS AND LIMITATIONS

This program is a discount plan, not a dental insurance plan. It cannot be used:

- **In conjunction with dental insurance or another dental plan.**
- **For services or injuries covered under workman's compensation.**
- **For treatment which, in the sole opinion of the treating dentist, lies outside the realm of his/her capabilities.**
- **For referrals to specialists.**
- **For hospitalization or hospital charges of any kind.**
- **For costs of dental care which are covered under automobile, homeowners, or medical insurance.**

OCR NOTICE OF NONDISCRIMINATION

Davidson Family Dentistry complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

We will take reasonable steps to provide free of charge language assistance services to people who speak languages we are likely to hear in our practice and who don't speak English well enough to talk to us about the dental care we are providing.

Tomaremos acciones razonables para proporcionar servicios de asistencia lingüística gratuitos a aquellas personas cuyo lenguaje escuchemos frecuentemente en nuestro consultorio y que no hablen un inglés no suficientemente bueno como para hablar con nosotros sobre el servicio odontológico que suministramos.

我们将有序地做到提供免费的语言服务使我们能听懂英语不好的人向我们咨询有关牙齿护理