

## ***Bel Air Dental Care Membership Plan***



Bel Air Dental Care is proud to offer a membership plan for patients to assist with the cost of comprehensive dental treatment. The plan may be especially beneficial to patients who do not have traditional dental insurance. Most routine preventative care is covered in full under the membership, and members will also be entitled to additional discounts on most other dental services offered at Bel Air Dental Care.

The benefits of registering for the Bel Air Dental Care Membership Plan include:

- No annual deductibles, benefit maximums or waiting periods
- No claim form submissions or pre-authorizations required
- No pre-existing conditions

Bel Air Dental Care Membership Plan annual premiums:

- Adult: \$349
- Children (under the age 18): \$289

Bel Air Dental Care Membership Plan benefits include:

- Two exams per membership year
- Two cleanings per membership year
  - Two periodontal maintenance cleanings per membership year are covered at 100% in lieu of two regular cleanings (additional periodontal maintenance cleanings are discounted by 15%)
- Two fluoride treatments (for children age 17 and under) per membership year
- All preventative radiographs (x-rays) during membership year
- All other treatment is discounted by 15% except for the following:
  - Invisalign, sleep appliances, whitening, or specialized dental laboratory fees (e.g., superior materials fees, custom shade matching, diagnostic waxups)
  - Treatment by non-Bel Air Dental Care providers
  - Treatment paid for using Care Credit will only be discounted by 10%

*Please note: Annual premiums are non-refundable and will be collected in full on the day of registration. Membership is good for one year from registration date. Renewals will be collected in full at the first visit following the membership year end date. Patients are responsible for scheduling and keeping appointments. Payment is due in full at the time of service for dental services not covered under this plan. The plan cannot be used to supplement participating dental insurance plans. Care Credit cannot be used to pay annual premium.*

# Bel Air Dental Care Membership Plan Registration



**Member:**

\_\_\_\_\_

Last Name	First	Middle Initial
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DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Registration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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**Additional Member:**

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Last Name

First

Middle Initial

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Additional Member:**

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Last Name

First

Middle Initial

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Additional Member:**

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Last Name

First

Middle Initial

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Additional Member:**

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Last Name

First

Middle Initial

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_