



Plantation Denta-Care Plan

We are now pleased to offer an **In-House** plan for patients who do not have dental insurance.

Features of our plan include:

- ❖ No preauthorization
- ❖ No annual maximum
- ❖ No deductible
- ❖ No waiting period for treatment
- ❖ Cosmetic procedures included

*Please call our
office for pricing.*

Plantation Denta-Care Membership Benefits:

- ❖ Initial comprehensive exam, necessary x-rays, and prophylaxis (D1110)
- ❖ Six-month checkup exam and prophylaxis
- ❖ One urgent care exam and x-ray
- ❖ Necessary dental procedures, completed within 12 months of enrollment, will be discounted:
 - **10%**, if paid in full at time of service by **check** or **cash**
 - **5%**, if paid in full at time of service by **debit** or **credit card**

(Includes cosmetic procedures such as teeth whitening, veneers, and crowns)

Denta-Care Plan Particulars

- ❖ This plan is a dental discount plan and NOT dental insurance nor can it be combined with any other dental insurance or offers
- ❖ Plan is only valid at Plantation Dental Associates, 300 Main Street Suite 101, St. Simons Island, Ga 31522
- ❖ Full mouth Debridement not included in plan coverage.
- ❖ If the need arises for our dentists to refer you to a specialist, the specialist will not offer the discount
- ❖ Fees associated with membership and benefits are non-transferable and non-refundable
- ❖ No refunds given if patient elects to not use benefits during the membership enrollment year
- ❖ Unused benefits cannot be transferred to the following enrollment year. We encourage our patients to take full advantage of their discounts benefits i.e. "Use them or lose them!"
- ❖ Plan is subject to yearly modification
- ❖ Should dental treatment be required following any type of injury whereby outside medical, auto, disability, or workers comp insurance are involved, this discount plan cannot be used
- ❖ Plan fees are valid only when paid at the time of enrollment
- ❖ All payments for treatment by cash or check are due at time of service to receive the discounted fee
- ❖ Any services that are received and not paid for at time of service will be billed at the non-discounted customary fee
- ❖ If you choose to extend payment using CareCredit or other third party financing options, the restorative treatment discount cannot be applied due to merchant fees

Plantation Dental Associates

Dr. Charles T. Hopkins, III DMD & Dr. Jack H. Melton, DMD
300 Main Street Suite 101, St. Simons Island Ga 31522
(912)638-9001
danielle.hopkinsdental@gmail.com



ENROLLMENT DATE: (/ /)
RENEWAL DATE: (/ /)

Plantation Denta-Care Plan Application

Personal Information

(Please Print Clearly and answer all questions unless not applicable "N/A")

Name: _____ Date of Birth: ____/____/____

Home Address: _____

City: _____ State: _____ Zip Code: _____

SS# (or drivers license #): _____

Home Number: (____) _____ Cell Number: (____) _____

Additional Family Member's Information:

Member (1) Name: _____ Date of Birth: ____/____/____

Relationship: spouse / child / other: _____

SS# (or Drivers License #): _____

Home Number: (____) _____ Cell Number: (____) _____

Member (2) Name: _____ Date of Birth: ____/____/____

Relationship: spouse / child / other: _____

SS# (or Drivers License #): _____

Home Number: (____) _____ Cell Number: (____) _____

Payment Information *(circle one)*

Payment Type: **cash** / **check** / **credit card**: Visa - MasterCard - AMEX - Discover
(Please make check out to: Plantation Dental Associates)

Card Number: _____ Expiration: ____/____

(Member's Signature)

(Date)

<u>Plan Members:</u> <input type="checkbox"/> Individual <input type="checkbox"/> Additional Family Member(s) How many?:
