

BHF Private Dental Plan

Membership Application

Enrollment Instructions:

Complete the following application for membership and return it with the first month's membership fees to:

BH Franklin Dental
405 Franklin Ave.
Franklin Square, NY 11010
Tel 516-233-1227 Fax 516-233-1229

Primary Member Information:

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NUMBER
STREET ADDRESS			DATE OF BIRTH
CITY	STATE	ZIP CODE	AREA CODE & PHONE NUMBER

Dependent Information: (List all eligible dependents you wish to cover below)

LAST NAME	FIRST NAME	MI	RELATIONSHIP	DATE OF BIRTH
1				
2				
3				
Additional				
Additional				

Coverage Information:

Authorization for Pre-Arranged Payments

COVERAGE TYPE:

- SINGLE (\$ 39.00 per month)
- COUPLE (\$ 74.00 per month)
- FAMILY (\$ 124.00 per month)
- Additional (\$28.00 per month)

There is a \$3.00 service charge for every credit card or payment card transaction

- Monthly Bank Draft (include voided blank check with application)
- Bank Name/Address _____
- Bank Routing Code # _____
- Bank Account # _____
- Credit Card (complete separate form) _____

I have read and understand the terms and conditions of the BHF Private Dental Plan as listed on the back of this form and hereby request membership. I also understand that the membership fees indicated above constitute acceptance for membership in the BHF Dental Plan for the twelve (12) months beginning on the date that the application is actually received and approved. I hereby request and authorize Dental Practice Services, Inc. (DPS) to deduct a monthly membership fee from my account with the financial institution named above on the 5th of each month or the first business day thereafter. This authority shall remain in effect for the minimum twelve-month period and thereafter until revoked by me in writing and until said notice is actually received. I agree that DPS shall be under no liability whatsoever upon processing these payments in accordance with the terms.

X

Applicant Signature

Date

For Office Use Only

IDENTIFICATION NUMBER	1 ST BILLDATE	APDATE	EFDATE	ENCFEE
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Terms and Conditions:

- The discounted fees associated with the BHF Private Dental Plan are reduced fees for services performed by BH Franklin Dental, PLLC and in no way, qualifies as a dental insurance program.
- The discounts associated with the BHF Private Dental Plan are only available through BH Franklin Dental, PLLC and are not available at other dental facilities.
- The monthly membership fees are to be paid for a minimum twelve (12) month period beginning at the date the application is actually received and approved and fees are non-refundable. Unless waived by the dentist, membership will automatically renew on the anniversary date and continue thereafter until cancelled, in writing. Written notice must be provided a minimum of thirty (30) days prior to termination date.
- Membership eligibility is defined as applicant, applicant's legal spouse, and any non-married children, through the age of 21, still living in the household, as a full-time student.
- Any additional dependents after three (3) dependents will have an additional surcharge of \$28 per month per dependent.
- Fees and plan discounts are subject to change without notice.
- There will be a \$10 PPE/Sterilization fee for every member visit due upon completion of treatment.
- Missed or broken appointments without 48-hour notice will be charged \$50. Three (3) consecutively missed appointments, with or without notice, constitutes removal from the Plan and/or practice.
- Any payment made by check, automatic draft, or credit card, that is returned for non-payment, will be charged a \$25 return-payment fee.
- All member co-payments are due at time of service.
- Membership in the Dental Plan may be terminated for abuse, fraud, and/or failure to pay membership fees or properly billed dental charges.
- The BHF Private Dental Plan is administered solely by the dental office and may be discontinued at the end of any month with or without notice.
- Unless prior signed financial arrangements have been made, the fee is due, in full, the day of the service. For this office to accept the Dental Plan or to offer payment plan, patient will be subject to a credit evaluation. If the account is sent to a collection agency, or to an attorney for non-payment, patient will be responsible for any and all collection fees, attorney fees, and accruing interest in addition to the unpaid balance.
- By accepting the BHF Private Dental Plan, an associate must perform a comprehensive exam and personalized treatment plan for each member. Member-patients agree to follow recommended maintenance exams and visits and follow prescribed professional maintenance as prescribed by the dental staff.

Plan Limitations:

- Dental Plan benefits are limited to \$1500 per each covered family member per membership year.
- Dental Plan benefits are not applicable until three (3) months after initial date of plan acceptance except for Type I services.
- Prophylaxis is limited to twice (2) every calendar year with a minimum (6) six-month separation between services. A difficult prophylaxis (heavy smoker, neglected teeth, etc.) is subject to a \$75 surcharge or type II periodontal disease treatment charges. Additional prophylaxis is available for a 20% discount.
- Fluoride treatments are limited to twice every calendar year, per member, through the age 16.
- Denture relines are limited to once per calendar year.
- A denture, bridge, or other appliance installed under the Dental Plan can be replaced only once during a three (3) month period after the original installation. A denture, bridge, or other appliance can be replaced only if it is unsatisfactory and cannot be made satisfactory by a reline or repair. Replacement is based upon the treating dentist review for proper oral hygiene performed by patient, normal wear by patient, and which the denture, bridge, or other appliance has not been modified by the patient.
- All covered replacements and services are subject to the co-pay percentages as listed in the Schedule of Services and the private fee schedule of BH Franklin Dental, PLLC.
- There is a standard lab fee for precious metal. A \$200 per unit surcharge for precious metal and/or high noble metal shall be required.
- Bleaching or whitening of teeth for cosmetic or restorative purposes receives a 15% discount.
- Benefits for type IV orthodontic coverage, including Invisalign or Clear Correct, are limited to \$1000 per each covered member, per lifetime.

Plan Exclusions:

- Any dental procedure in progress (teeth prepared for crowns, root canals in progress, etc.) is excluded.
- Any dental procedure performed either before or after a member's eligibility period is excluded.
- Any dental expense incurred if the dentist is unable to perform a procedure due to the member's general health or physical condition is excluded (i.e. patient physically unable to visit the dentist's office, etc.).
- Replacement of a satisfactory filling is excluded.
- Replacement of lost or stolen dentures, bridgework, partials, or appliances is excluded.
- Any dental service provided to the member by federal or state government, agencies, or military thereof, or services provided without cost to the member by any municipality, county, or other subdivision is excluded.
- Any dental procedure, appliance, or restoration to correct congenital, developmental, or medically induced dental disorders, including but not limited to, treatment of myo-functional, myo-skeletal, or temporomandibular joint dysfunction (TMJ) is excluded.
- Any dental procedure related to injuries which are intentionally self-inflicted is excluded.
- Any dental procedure not listed as a covered service, including but not limited to, general anesthesia, the services of an anesthesiologist, prescription medications, nitrous oxide, treatment required by reason of war, hospital and/or medical charges of any kind, surgery of fractures and/or dislocations, trauma to the mouth, and the treatment of malignancies, is excluded.
- Any fixed prosthetic restoration that is upgraded using esthetic, customized porcelain and shading, processed by an esthetic quality laboratory and technician, is excluded.
- Dental Plan discounts for dental services provided in association of benefits received from an alternate source, including but not limited to, workman's compensation, medical/health insurance, general liability, auto insurance, business liability, etc. is excluded.
- Financing of co-payments from an outside source through the office of BH Franklin Dental (i.e. Care Credit, etc.) is excluded.
- Coordination of BHF Private Dental Plan benefits with other dental plans or insurance plans is excluded.