

THE QUALITY DENTAL PLAN

WHAT: The *Quality Dental Plan* is an annual reduced fee dental plan that allows individuals and families -- just like yours -- to receive quality dental services from our office at prices that make sense for today's economy. The *Quality Dental Plan* offers the economies of group dental care, plus the individualized attention of private care.

WHERE: Quirt Family Dentistry enjoys serving individuals and families throughout Central and Northern Wisconsin. Our offices are conveniently located at 3417 Schofield Ave. in Schofield, 200 E. Bridge St in Wausau, and 2812 E. Main St. in Merrill, 107 S. 3rd Ave. in Edgar, and 1819 Park Ave in Plover. Our convenient locations and ample parking make your visit to Quirt Family Dentistry easy.

HOW: After your membership is effective, to receive care simply call our office. That's it! Very simple! Our office hours are: **Schofield** Monday-Friday from 8:00am to 5:00pm and Saturday 8:00am-12:00pm, **Wausau** Monday-Wednesday 8:00am to 5:00pm and Thursday 8:00am to 7:00pm, **Merrill** Monday-Thursday 8:00am to 5:00pm and Friday 8:00am-12:00pm, **Edgar** Monday-Tuesday 8:00am-5:00pm, **Plover** Wednesday-Thursday 8:00am-5:00pm.

WHO: You and your spouse are eligible, and children ages 18 and under or full-time students up to 25 years of age. Coverage of a child who attains age 19 will be continued while incapable of self sustaining employment by reason of developmental disability or physical challenge. Children may be members only with adult members.

WHEN: Benefits will begin immediately. Members must remain in the plan for a minimum of 12 months.

WHAT ARE THE BENEFITS: The **QUALITY DENTAL PLAN** provides simple teeth cleanings (up to 2 per year), examinations ("6 month check-ups"), fluoride treatment (twice/yr for child, once/yr for adult) and initial x-rays at **NO CHARGE**. Your membership in this plan also affords you a **20% REDUCED** fee schedule. However, unlike a conventional insurance plan there are no deductibles and no yearly maximums. All of the benefits of insurance with none of the hassles! Quality Dental Plan member teeth whitening is also **FREE OF CHARGE**.

THE LOW ANNUAL COST:

Member	\$348
Each additional member	\$168

PAYMENTS: All payments are made directly to the dental office. As treatment is performed, payments are made at each appointment. You should discuss all future payments and costs before new appointments are made. Interest free **PAYMENT PLANS** are available to cover the cost of treatment for 3, 6 and 12 months with approved credit (repayment length is based on amount of service). **When a payment plan is used the amount of the discount given is only 10%. There is also a charge of 25% of the scheduled treatment for broken appointments.** All membership fees are paid in full at the time of application, or a monthly payment arrangement may be set up (including a \$5/month processing fee). Your membership will renew automatically

each year unless you notify us otherwise.

Emergency Care: Eligible members may receive emergency care in our office. The 20% Reduced Fee Schedule does apply.

Orthodontic Care (Braces): Orthodontics is provided at **15% discount** from our regular fee with **NO DOWN PAYMENT**.

DENTAL LIMITATIONS AND EXCLUSIONS

1. Demonstrated non-compliance with recommended course of treatment.
2. Services which in the opinion of the attending dentist, are neither necessary nor recommended for the patient's dental health.
3. Restoration, splints or other appliances used to increase vertical dimension or restore occlusion.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Treatment of malignancies, cysts or neoplasms or congenital malformations, except congenital anomaly of a tooth or teeth covered from birth.
6. Hospital benefits for any dental procedure.
7. Loss or theft of dentures or bridgework.
8. Any procedures of implantation or experimental procedures.
9. Services for injuries or conditions which are covered under Worker's Compensation or Employer's Liability laws.
10. Services which are provided without cost to the member by any municipality, county or other political subdivision.
11. General anesthesia.
12. Services that cannot be performed because of the general health, physical or psychological limitations of the patient.
13. Periodontics, endodontics, oral surgery or pedodontics requiring the services of a non-participating dentist.
14. Additional treatment for gum disease (Scaling and Root Planing, Perio Maintenance) is not part of the Initial Exam and Cleaning.
15. Those procedures requiring appliances or restorations that are necessary for full mouth rehabilitation, or to alter, restore or maintain occlusion, including with limitation, treatment of disturbances of the temporomandibular joint.
16. Fluoride application is limited to one application/year per adult and twice per year per child.
17. Diagnosis and treatment of myofascial pain dysfunction syndrome.
18. Procedures performed in the hospital.
19. Quality Dental Plan Participants cannot use other dental coverage in conjunction with the Quality Dental Plan.
20. Yearly benefits are not carried over to the next year.

ORTHODONTIC LIMITATIONS AND EXCLUSIONS

1. Treatment programs which began before the member enrolled in the Quality Plan are not covered nor can they be transferred to Quality Dental Plan.
2. Lost or broken appliances are not covered.
3. Additional fees may be charged by the dentist for: a) Gross and consistent non-cooperation by the patient/member; b) Accidents occurring during the treatment; c) Cases involving surgical orthodontics; d) Cases involving myofunctional therapy; e) Cases involving temporomandibular joint treatment; f) Loose, broken or lost bands/brackets.
4. If the member relocates to an area and is unable to receive treatment from a participating dentist, coverage under the Quality Dental Plan ceases and it becomes the obligation of the patient/member to pay the usual and customary fee of the non-participating dentist at whose facility treatment is completed.
5. Choice of dentist, initially, after treatment begins or upon change of residence is limited to practitioners participating in the Quality Dental Plan or who accept fees outlined.
6. Orthodontic extractions are not included.

Enrollment Form

Last Name _____ First _____ MI _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell/Work Phone _____

Birth date ____/____/____ Employer _____

List Covered Dependents

Name	Birth date	Relationship

Select Method of Payment:

Circle One: ANNUAL MONTHLY

- Check Enclosed:** \$ _____
- Card #** _____
Exp. Date ____/____
Card Type: Visa/MC/Discover (circle one)
Signature _____

- Payment by Month:** Enclose 1st and last month's payment plus \$5.00 processing fee. Each monthly payment must be in our office by the 10th of the month and each payment must include the \$5.00 processing fee.

Please read and sign below:

I understand the **benefits, limitations, exclusions and requirements** of the Quality Dental Plan and **I agree** to the following:

1. **Fees for dental services are due when services are rendered.** Failure to comply will result in my being charged usual and customary fees for such services.
2. Fees for prosthodontic (dentures) and cast restorations (crowns, onlays, inlays, veneers) are due at the preparation/impression visit. Failure to comply will result in my being charged usual and customary fees for such services.
3. **I will remain in the plan and pay membership fees for a minimum of 12 months.** Payment of less than 12 months membership fees may result in my being charged usual and customary fees for all services(including those already provided) and my be charged remaining months fees in lump sum. I agree to pay any and all costs in collecting all charges, including but not limited to attorney fees and court costs. Coverage must be continuous. Missing monthly payments must be made up for interrupted coverage. Last month and processing fees are not refundable.

Signature _____ Date ____/____/____