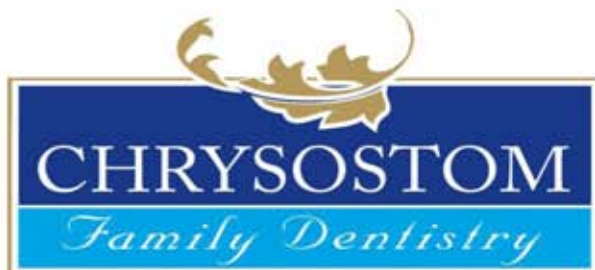


# Dental Assistance Saving Plan



**Giving You Greater Access to Quality Dental Care**



**(803) 796-7934**

# Dental Assistance Saving Plan

The Chrysostom Family Dentistry Dental Assistance Saving Plan is designed to provide affordability and greater access to quality dental care. Your benefits are available only at Chrysostom Family Dentistry located at 3308 Platt Springs Road; West Columbia, South Carolina.

With your Dental Assistance Saving Plan there are:

- No yearly maximums
- No deductibles
- No claim forms
- No pre-authorization requirements
- No pre-existing condition limitation
- Immediate eligibility (no waiting periods)

BENEFIT (Total Annual Cost)	PREMIUMS
Single	\$197.40
Dual*	\$381.76
Family**	\$691.92

"I was a little afraid but the staff was so friendly, I was instantly at ease. I will be telling everyone how great it was!"

Melissa S.

\*The Dual Plan is for Parent/ Child or Husband/ Wife only.

\*\*The Family Plan includes children who are enrolled full-time in college until age 23, or children who are not enrolled full-time in college until age 18.

You will not receive a membership card – your plan's effective date will be on file.

# Coverage Table

Treatment	Member Discount
Comprehensive Exam (new patient, initial visit)	100%
Periodic Exam (2 per year)	100%
Limited Oral Exam, Problem Focused (1 per year)	100%
Intraoral – Complete Series or Panorex (1 every 3 years)	100%
Intraoral – Periapical, First Film	100%
Intraoral – Periapical, Each Additional Film	100%
Bitewings (1 set per year)	100%
Child Prophylaxis (cleaning) 2 per year (after \$15.00 co-pay)	100%
Adult Prophylaxis (cleaning) 2 per year (after \$15.00 co-pay)	100%
Fluoride 1 per year, no age limit (after \$5 co-pay)	100%
Sealants	50%
Periodontal (Deep) Cleanings	25%
Bleaching	25%
Fillings	25%
Crowns	25%
Dentures and Partial	25%
Oral Surgery	25%
Root Canals	25%

## Program Exclusions and Limitations

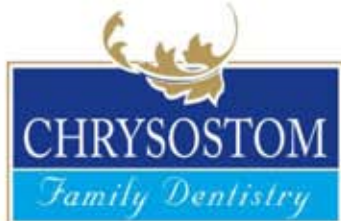
This program is a discount plan, not a dental insurance plan, and is secondary to any other dental plan. It cannot be used:

- In conjunction with another dental plan
- For services for injuries covered under workman's compensation
- For treatment which, in sole opinion of the treating dentist or doctor, lies outside the realm of their capability
- For referrals to specialists
- For hospitalization or hospital charges of any kind
- For costs of dental care which is covered under automobile medical

This plan is only honored at Chrysostom Family Dentistry. This dental plan is not an insurance plan that can be used at any other office.

### Program Guidelines

- There will be a \$50 reinstatement fee if your plan lapses.
- This program cannot be used in conjunction with another dental plan.
- NON-REFUNDABLE
- No refunds or premiums will be issued at any time if participant decides not to utilize dental plan.
- To take advantage of the Comprehensive Dental Plan, simply complete the following steps:
  1. Call Dental Assistance Plan Coordinator with Chrysostom Family Dentistry at (803) 796-7934.
  2. Complete the form, along with your payment or credit card authorization, and mail it to:  
Chrysostom Family Dentistry  
ATTN: Dental Assistance Plan Coordinator  
3308 Platt Spring Road  
West Columbia, SC 29170



## Dental Assistance Savings Plan

Print clearly in black ink, and answer all questions or indicate "not applicable."

### **YOUR PROFILE**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address (if different from above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Drivers License Number and State of Issue \_\_\_\_\_ Date of Birth \_\_\_\_\_

### **YOUR SPOUSE'S PROFILE**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address (if different from above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Drivers License Number and State of Issue \_\_\_\_\_ Date of Birth \_\_\_\_\_

### **YOUR CHILDREN**

Name \_\_\_\_\_ Age \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Social Security Number \_\_\_\_\_

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

Continued on Reverse



Please mail this completed application with appropriate payment (check or credit card) to:

Chrysostom Family Dentistry  
ATTN: Dental Assistance Savings Plan Coordinator  
3308 Platt Springs Road  
West Columbia, SC 29170  
(803) 796-7934

Make checks payable to C. S. Chrysostom, D.M.D., P.A.

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_