



At Merry Dental Care Center, we do not want the lack of dental insurance to be a barrier to good oral health. Our dental savings program makes preventive and restorative dentistry more affordable to help ensure that you and your family receive the dental care you deserve.

The Merry Dental Care Center Savings Program is an in-house, fee for service program designed to provide greater access to affordable quality dental care.

There are no...

- Annual maximums.
- Pre-authorizations.
- Waiting periods (coverage begins immediately upon registration).
- Pre-existing condition exclusions.
- Frequency limitations or downgrading of services.

Annual Membership Includes:

- Diagnostic and preventive care covered at 100%.
 - 2 complete periodic exams
 - 1 limited emergency exam
 - 2 simple teeth cleanings (additional fees for periodontal maintenance if needed)
 - 1 set of bitewing x-rays as needed
 - 1 panoramic x-ray or 1 full mouth set of x-rays as needed
 - Additional periapical x-rays as needed
 - 1 optional fluoride treatment
 - More frequent preventative care covered at the discounted rate
- Restorative treatment (not requiring referral to a specialist) covered under a 20% program discount with most payment types (see exclusions and limitations for details).
- Cosmetic treatment (including veneers and invisalign, not requiring referral to a specialist) covered under a 10% program discount.

Cost for Membership:

- Adult (18 and over): \$419 per year or \$38 per month*
 - Adult (18 and over) requiring periodontal maintenance services: \$579 per year or \$51 per month*
 - Children 14 -18 or under 14 with braces: \$399 per year or \$36 per month*
 - Children 13 and under without braces: \$349 per year or \$32 per month*
- *fee of \$5 when credit card is declined for monthly processing

How to apply:

1. Complete the application.
2. Complete the credit card information.
3. Return application to Merry Dental Care Center.

Conditions of Membership:

- Membership fees are due at the time of registration. Fees are non-refundable even if member does not utilize program benefits during the coverage period.
- Member is responsible for scheduling appointments to utilize program benefit.
- Program duration is one year from date of registration.
- Automatic payment of the monthly membership fee is available.
- Monthly membership fees will be charged on the first business day of every month.
- Members are required to remain in the program a minimum of 12 months regardless of an annual or monthly membership fee payment. If member wants to cancel before 12 months, remaining months must be paid before cancellation with monthly payment option.
- Coverage renews automatically at the end of the program year. Annual or monthly membership fees will be charged on the date of renewal.

Exclusions and Limitations:

- Members must pay in full with cash, check or credit card on the date of service to receive the 20% discount for restorative and 10% discount cosmetic treatment as well as additional diagnostic and preventive care.
- Members choosing to use Care Credit or Citi Health 6 month payment plans will receive a 10% discount on restorative and cosmetic treatment when paid on the date of service.
- Membership fees cannot be paid by Care Credit or Citi Health Card.
- Consult your HSA or FSA plan administrator about using that account for membership fees.
- Patients with active coverage through conventional dental insurance are not eligible for membership.
- Treatment for injuries or conditions covered under worker's compensation, employer's liability insurance, accident insurance, auto insurance, homeowner's insurance, or medical insurance are not covered.
- Periodontic, endodontic, oral surgery or pedodontic treatments requiring the service of a doctor outside of Merry Dental Care Center are not covered.
- Procedures performed at any facility other than Merry Dental Care Center are not covered.
- The Merry Dental Care Center Savings Program is not considered dental insurance.
- Transactions returned as unpaid (NFS) will be assessed a \$30 service charge.
- Past due accounts that are not brought current within fifteen days of the billing date are subject to suspension and possible account termination.

Termination of Coverage:

Member is responsible to notify Merry Dental Care Center prior to annual renewal. To cancel any member from the plan, you must send a written request to Merry Dental Care Center identifying the name and birth date of the member(s) to be cancelled. Upon receipt of the request, membership will be cancelled effective the last day of the plan year. There will be no refund of premiums paid.



MEMBER INFORMATION

Name _____ Male Female Birth date _____
Billing Address _____ City _____ State ____ Zip _____
Phone _____ (H) (W) (C) Email _____

PERSON RESPONSIBLE FOR ACCOUNT (if different than member)

Name _____ Male Female Birthdate _____ Soc. Sec. # _____
Billing Address _____ City _____ State ____ Zip _____
Phone _____ (H) (W) (C) Email _____

ENROLLMENT AND MEMBERSHIP PAYMENT OPTIONS

- Adult (18+): \$419 per year
 - Adult (18+): \$38 per month*
 - Periodontal Maintenance Adult (18+): \$579 per year
 - Periodontal Maintenance Adult (18+): \$51 per month*
 - Child (14 -17 or under 14 with braces): \$399 per year
 - Child (14-17 or under 14 with braces): \$36 per month*
 - Child (13 and under, without braces): \$349 per year
 - Child (13 and under, without braces): \$32 per month*
- *fee of \$5 when credit card is declined for monthly processing
-

BILLING INFORMATION

Name as it Appears on the Credit Card _____ Visa MasterCard Am Ex
Credit Card Number _____ Exp. Date _____ Security Code _____
Billing Address _____ City _____ State ____ Zip _____
Phone _____ (H) (W) (C) Email _____
Signature of Card Holder _____ Date _____

The first premium will be charged immediately. Future premiums will be charged on the enrollment date each month.

AUTHORIZATION AND VERIFICATION

I have read the information contained in the application and choose to enroll in the Merry Dental Care Center Savings Program. I understand the benefits and restrictions of this plan as stated in the material provided with the application. I certify the information contained in this application is true and complete. I understand that my enrollment is subject to receipt of payment. The start date is the date application is received and initial premium payment with processing fee is made. If I have selected the monthly automatic premium payment, I authorize Merry Dental Care Center to charge my credit card on the enrollment date or next business day of every month. I understand that if credit card is declined or payment is not made promptly I will no longer be eligible for coverage and charged a \$5 fee. I understand that I must enroll for one full year and if I terminate this contract or discontinue enrollment for any reason, I will not be refunded for any premium payments made and I will not be able to re-enroll without full annual payment.

SIGNATURE OF MEMBER OR RESPONSIBLE PARTY _____ **DATE** _____