

Dental Assistance Saving Plan



Giving You Greater Access to Quality Dental Care



(803) 796-7934

www.DrDeno.com

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.

The good news is 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	\$199.00
Dual*	\$379.00
Family**	\$689.00

"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	Coverage Adjustments
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 x-rays (as needed 1 in 3 years)	100%
Intraoral – Periapical film x-rays	100%
Bitewing x-rays (1 set per year)	100%
Child Prophylaxis (routine cleaning) 2 per year	After \$15.00 co-pay
Adult Prophylaxis (routine cleaning) 2 per year	After \$15.00 co-pay
Full Mouth Debridement	25%
Periodontal therapy (Deep) Cleanings per quadrant	25%
Periodontal Maintenance after therapy	25%
Fluoride 1 per year, no age limit	After \$5 co-pay
Sealants	50%
Bleaching	25%
Fillings (tooth colored)	25%
Crowns, veneers...	25%
Dentures, Partials and fixed Bridges	25%
Oral Surgery-extractions	25%
Root Canals-Endo	25%

Program Exclusions and Limitations

This program is a discount plan, NOT a dental insurance plan; therefore cannot be used:

- In conjunction with another dental plan or discount of any kind
- 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 may be covered under an automobile or medical insurance

This plan is only honored *at* Chrysostom Family Dentistry. This discount plan is not in any way an insurance plan that can be usable in another office.

Program Guidelines

- There will be a \$50 reinstatement fee if your plan lapses beyond reenrollment date
- Plan runs year to date from initial purchase date
- This program cannot be used in conjunction with another dental plan, nor discount
- NON-REFUNDABLE
- No refunds of premiums will be issued for any reason. It is the participants responsibility to utilize the plan during the coverage date and no extensions shall be given.

Easy steps to take advantage of this unique plan:

- Stop by our office during regular business hours
- Call the office (803) 796 7934
- Print form from web page www.drdeno.com , complete the form, along with your payment or credit card information and mail to

Chrysostom Family Dentistry
Attn: Dental Assistance Savings Coordinator
3308 Platt Springs Road
West Columbia, SC 29170



Dental Assistance Saving Plan

Please circle one: Single plan Dual plan Family plan

Please PRINT clearly and answer all questions or indicate "not applicable"

Applicant profile

Name _____
social security # _____ Date of birth _____

Mailing Address _____
Street address (if different from above) _____

Home phone # _____ Cell phone# _____
Work phone # _____ E-Mail Address _____

Driver's license/ID number _____ (State of issue) _____

Spouse's profile

Name _____
social security # _____ Date of birth _____

Mailing Address _____
Street address (if different from above) _____

Home phone # _____ Cell phone# _____
Work phone # _____ E-Mail Address _____

Driver's license/ID number _____ (State of issue) _____

Your children

Name _____ age _____ Social security# _____

Name _____ age _____ Social security# _____

Name _____ age _____ Social security# _____

Name _____ age _____ Social security# _____

Applicant signature _____ date _____



Thank you for taking advantage of our savings program. We are looking forward to providing you affordability and greater access to quality dental care. We gladly accept enrollment over the phone or you may mail this completed application with appropriate payment (check or credit card info.) to:

Chrysostom Family Dentistry
Attn: Dental Assistance Savings Coordinator
3308 Platt Springs Road
West Columbia, SC 29170 www.drdeno.com (803) 796-7934

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

Credit card number: _____ **expiration date:** _____

Billing zipcode: _____

Authorized signature: _____

Visa MasterCard American ExpressDiscover Care Credit Wells Fargo

Please circle card type