

Dental Arts of Boston

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Dental Arts of Boston VIP Plan

The Dental Arts of Boston VIP Plan is an annual reduced fee dental plan that allows individuals and families to receive quality dental services from our office at a reduced rate. The cost is \$400 per year for an individual and \$225 for each additional member in the same household. You and your spouse are eligible and any children ages 18 and under or full-time students up to age 25. The membership fee must be paid in full to receive benefits.

After your membership is effective, benefits will begin immediately, simply call our office or visit our website to book an appointment.

Membership is renewed annually.

Benefits:

- 2 Cleanings per Membership year
- 2 Exams per Membership year
- All X-rays per Membership year
- Discount of 15% on all services paid at time of service.
- No Maximums or deductibles

Payments

All payments are made directly to Dental Arts of Boston. The membership fee is due annually and will be automatically renewed each year unless you notify us otherwise. Fee must be paid in full to receive the discount for services.

Emergency Care: Eligible members may receive emergency care in our office. The 15% reduced fee schedule applies to these services.

Orthodontic Care(Braces): Orthodontics are provided at a 10% reduced fee with a down Payment of 20% and payments spread throughout treatment.

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 prosthodontic work.
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 Membership and is considered additional procedures.
15. 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. Diagnosis and treatment of myofascial pain dysfunction syndrome.
17. Procedures performed in a hospital.
18. Dental Arts of Boston VIP members cannot use of their dental coverage in conjunction with the VIP plan.
19. Benefits are not carried over.

Orthodontic Limitations and Exclusions

1. Treatment programs that began before the member enrolled are not covered nor can they be transferred to the VIP plan.
2. Lost or broken appliances are not covered.
3. Additional fees may be charged by the dentist for: 1.) Gross and consistent non-compliance by patient/member; 2.) Accidents occurring during the treatment; 3.) Cases involving surgical orthodontics; 4.) Cases involving myofunctional therapy; 5.) Cases involving temporomandibular joint treatment.
4. If the member relocates to an area and is unable to receive treatment from a participating dentist, coverage under the VIP Plan ceases and it becomes the obligation of the patient/member to pay the usual and customary fee of the non-participating dentist at who's facility treatment is completed.
5. Orthodontic extractions are not included.

VIP Plan Enrollment Form

Last Name _____ First _____ MI _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Birthdate _____ Employer _____

List Covered Dependents

<u>Name</u>	<u>D.O.B</u>	<u>Relationship</u>

Please Read and Sign Below

I understand the benefits, limitations, exclusions and requirements of the Dental Arts of Boston VIP Plan and I agree to the following:

1. Fees for all dental services are due when services are rendered. Failure to comply will result in being charged the full amount of the procedure.
2. Fees for any prosthodontic work are due at the preparation/impression visit. Failure to comply will result in being charged the full amount for the procedure.
3. I will remain in the plan and pay the membership fee for a minimum of 12 months. I understand this is a yearly membership and no refunds for unused services will be provided.
4. I understand it is my responsibility to make any appointments that fall within the year of the membership.

Member Signature

Date