

***Terms and Conditions:***

* ***Discounts provided only through Boulevard Dental and performed by Dr. Melissa Brown, D.D.S.***
* Monthly membership fees are to be paid for a minimum twelve (12) month period and are non-refundable. Unless waived by the dentist, membership will automatically renew on the anniversary date and continue thereafter until cancelled, in writing.
* Qualified dependents are defined as any non-married children living in the household under 23. Any additional dependents after three (3) each will have an additional surcharge of $10 per month per dependent.
* There is a 60 day waiting period for basic and major restorative procedures.
* Fees and plan discounts are subject to change without notice.
* Missed or broken appointments without 24-hour notice will be charged $50 and anything over one hour, may be subject to additional charges.
* All member co-payments are due prior to procedure start time.
* Membership in ***Boulevard Dental Advantage*** may be terminated for abuse and failure to pay membership fees or properly billed work.
* ***Boulevard Dental Advantage*** is administered solely by the dental office and may be discontinued at the end of any month with or without notice.

***Plan Limitations and Exclusions:***

* Covered prophylaxis is limited to two times per calendar year. A difficult prophylaxis (i.e. heavy smoker, neglected teeth, etc.) is subject to a reasonable surcharge.
* Fluoride treatments are limited to two times per calendar year, per member, up to age of 19.
* Replacements are only eligible if the prosthetic is deemed un-restorable by dental standards, over five (5) years old, and dental prophylaxis and periodic exam appointments are kept at two (2) times per calendar year.
* Dental procedures in progress, or performed before or after a member’s eligibility period is excluded.
* Any dental procedure not listed as a covered service, including but not limited to, anesthesia, prescription medications, etc., is excluded.
* Treatment required due to hospital and medical charges or self-inflicted wounds of any kind is excluded.
* Treatment to correct congenital, developmental, or medically induced dental disorders is excluded (i.e., TMJ).
* Replacement for lost or stolen appliances is excluded unless additional insurance is purchased.
* Any dental services provided to the member by state, county, or municipal agencies, or dental services provided without cost to the member are excluded.
* Any dental expense incurred if the dentist is unable to perform a procedure due to the member’s general health or physical condition is excluded.
* Coordination of plan benefits with other plans is excluded.

*A BENEFIT PLAN CREATED WITH OUR UNINSURED PATIENTS IN MIND!*

Boulevard Dental

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Suite #101
Overland Park, KS 66210

Phone: 913-242-8199

www.BoulevardDental.com

***BOULEVARD DENTAL ADVANTAGE***

A BENEFIT PLAN OFFERED BY THE OFFICE OF MELISSA BROWN, D.D.S.

BOULEVARD DENTAL ADVANTAGE

*A BENEFIT PLAN CREATED WITH OUR UNINSURED PATIENTS IN MIND!*

After many years of seeing traditional dental insurance increase in price and lower in the amount of coverage, BOULEVARD DENTAL has created a cost effective solution. We offer an in-house benefit plan that allows families to keep up with routine oral hygiene visits with the added assurance that you are covered if any other dental necessity arises.

For a low monthly fee, you receive your “Preventative Care” at no cost, and any “Basic” or “Major Restorative Care” significantly discounted.

**Boulevard Dental Advantage**

**Benefit Features\*\***

***PREVENTATIVE CARE***

Oral Exams 100%

Oral Cancer Screenings 100%

Oral Hygiene Instruction 100%

Dental Cleaning (2 per year) 100%

Bitewing x-rays 100%

Periapical x-rays 100%

Full mouth x-rays (1 per 5 years) 100%

Fluoride treatment (2 per year) 100%

***BASIC RESTORATIVE CARE***

Fillings 80%

Extractions 40%

Sealants 80%

***MAJOR RESTORATIVE CARE***

Periodontal Services 50%

Endodontic Services 40%

Crown & Bridge Services 40%

Denture & Partial Services 25%

Implant Services 25%

***\*\*$10 copay applies to all visits***

**Monthly Fees\*\***

* **Individual $39**
* **Individual & Spouse $49**
* **Family**  *(up to 3 dependents)* **$59\***

**\*additional dependents $10**

TOTAL $

**Name:**

**Spouse/Dependents:**

**Address:**

**Phone:**

**Method of Payment:**

* **Automatic withdrawal**
* **Credit Card**

**Card type Expiration v-code**

**Number**

**Signature**

**Date**

**\*\*$100 initial administration fee if 12 months not paid in full.**