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 (12) month period. Yearly fees are charged once a year. 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
- Membership in <u>Boulevard Dental Advantage</u> may be terminated for abuse and failure to pay membership fees or properly billed work.
- <u>Boulevard Dental Advantage</u> 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!

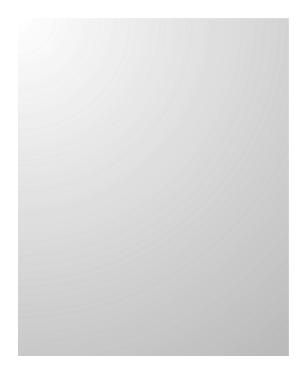
Boulevard Dental

11661 College Blvd Suite #101 Overland Park, KS 66210 Phone: 913-242-8199

www.BoulevardDental.com

<u>BOULEVARD DENTAL</u> <u>ADVANTAGE</u>

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 or yearly fee, you receive your "Preventative Care" at no cost, and any "Basic" or "Major Restorative Care" significantly discounted.

**\$10 copay applies to all visits

**\$2,500 max benefit per year/per individual

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	80%
Sealants	80%

MAJOR RESTORATIVE CARE

50%
50%
50%
50%
50%

Fees		One Time	
rees		One Time	
	<u>Monthly</u>	Yearly*	
Individual	\$48	\$468	
Individual & Spouse	\$58	\$588	
Family (up to 3 dependents)	\$78	\$828**	
*Save over \$100 when you pay for year			
**additional dependents	\$12	\$120	
	TOTAL	\$	
Name:			
Spouse/Dependents:			
<u>Address:</u>			

<u>Phone:</u>

Method of Payment:

o Automatic withdrawal

o Credit Card

Card type Expiration v-code

<u>Number</u>

Signature

Date