



# ORAL HEALTH CENTER of DELAWARE

AESTHETIC & SPECIAL CARE ASSOCIATES

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## HAPPY TEETH, HEALTHY TEETH PLAN

### A Comprehensive Discount Dental Services Benefits Plan

#### PLAN DETAILS

ADULTS (13 and over): **Happy Teeth Healthy Teeth Dental Plan** 2 Periodic Dental Exams per year (\$142 value)

- 2 Routine cleanings per year (\$252 value)
- All necessary X-rays; including full mouth series once every 3 years (\$300 value)
- 1 Emergency Exam per year (with X-ray as needed) (\$114 value)
- Plus up to 20% discount on all other dental services including Adult Orthodontics & Whitening

Children (12 and under): **Happy Teeth Healthy Teeth Dental Plan:**

- 2 Periodic Dental Exams per year (\$142 value)
- 2 Routine cleanings per year (\$190 value)
- All necessary X-rays; including full mouth series once every 3 years (\$200 value)
- 1 Emergency Exam per year (with X-ray as needed) (\$114 value)
- 1 Fluoride applications per year (\$42 value)
- Sealants as prescribed by Dr. (up to \$250 value)
- Plus up to 20% discount on all other dental services including Orthodontics

Additional benefits:

IMMEDIATE ELIGIBILITY, NO WAITING PERIODS

NO CLAIM FORMS OR MEMBERSHIP CARDS

NO DEDUCTIBLES

NO PRE AUTHORIZATIONS OR PRE DETERMINATIONS

NO ANNUAL OR LIFETIME MAXIMUM BENEFIT

NO EXCLUSIONS. COSMETIC DENTISTRY ORTHODONTICS INCLUDED

UP TO 20% DISCOUNT OFF ALL RESTORATIVE & COSMETIC DENTISTRY

FREE TEETH WHITENING FOR LIFE – WITH PURCHASE OF IN-HOUSE WHITENING OR WHITENING TRAYS

All payments are due at time of enrollment and prior to services being rendered. Family plans may be eligible to break down into 3 monthly payments with credit card on file and signed contract.

Renewal fee must be paid by due date and will automatically be charged to your credit card on the plans anniversary date.

All patients are responsible for scheduling, confirming and keeping their appointments.

Any cancelled appointments without 24 hours notice may be subject to a fee.

Plan may be cancelled, without refund, for 2 missed appointments without 24 hours prior notice.

Plan is non-transferable.

Plan rules are subject to change with or without notice.

**Periodontal treatments, including but not limited to Scaling & Root Planning, are not covered at 100%.**

Up to two (2) Periodontal Maintenance treatments may be covered in lieu of the two (2) routine cleanings.

Services that are not offered at our office are not covered by this plan including services recommended by our office, including but not limited to, referrals to specialists.

**For services provided by specialists within our office; discounts may not apply. \***

Dental services already in progress or performed before or after a member's eligibility period are excluded.

Treatment plans must be accepted and completed in a timely manner.

All dental services must be completed within our office unless referred out to a specialist.

Dental services provided at no cost to the member such as services provided by the state, county, worker's compensation or other legal proceedings, or from an accident do not qualify under this plan.

CANCELLATION:

Unless waived by our office, membership will automatically renew on the anniversary date and will continue thereafter until cancelled in writing. Cancellation must be sent a minimum of 30 days prior to expected day of cancellation.

PAYMENT OPTIONS:

Membership fee must be paid in full before services are rendered and is non-refundable once services have started.

Family memberships may be eligible to be paid over 3 months. Credit Card must be put on file and agreement signed allowing us to charge the card 3 equal payments, on the same day each month until membership is paid in full.

You may be able to pay for this service plan through your Flexible Spending or Health Savings Account or Care Credit.

Happy Teeth Healthy Teeth is a comprehensive Discount Dental Services Benefit Plan, **it is not dental insurance** and it is only valid at Oral Health Center of Delaware, 2323 Pennsylvania Ave., Wilmington, DE 19806.

<b><u>1 Adult</u></b>	<b><u>\$ 349</u></b>	<b><u>(save over \$450)</u></b>
<b><u>1 Child (without Adult)</u></b>	<b><u>\$ 299</u></b>	<b><u>(save over \$600)</u></b>
<b><u>1 Child (with Adult)</u></b>	<b><u>\$ 249</u></b>	<b><u>(save over \$650)</u></b>
<b><u>1 Additional Child each</u></b>	<b><u>\$ 199</u></b>	<b><u>(save over \$700)</u></b>

Senior discount (10%) applies ONLY on his/her membership fee, not on already discounted work.

Oral Health Center of Delaware reserves the right to discontinue or revise a plan at any time for any member for any legal reason with or without notice. If the plan is discontinued by us, a pro-rated refund of any unused enrollment fees or any portion thereof may be returned to the member within 30 days.

# **HAPPY TEETH, HEALTHY TEETH PLAN**

## **A Comprehensive Discount Dental Services Benefits Plan**

What we are offering is **NOT Dental Insurance** rather it is a comprehensive Discount Dental Services Benefit Plan available **ONLY** at our office.

Don't let Insurance companies dictate what dental care you can receive! The decision should be a result of conversation between yourself and your Dental Professional, a combination of your diagnosis and your needs.

Dr. Nguyen has put together this comprehensive package in the form of a **Discount Dental Services Benefit Plan** in order to provide another option for those who may not have access to a group Dental Insurance Plan. The plan covers diagnostic, preventative, restorative as well as cosmetic services. All services offered within this practice are covered under the Happy Teeth, Healthy Teeth Dental Services Benefits Plan.

This **Discount Dental Services Benefit Plan** is a great alternative for individuals, families and businesses that may be looking for exceptional Dental Benefits for you and your family or for your employees. The Happy Teeth, Healthy Teeth Plan, is available **ONLY** through Oral Health Center of Delaware. We are able to offer EXCEPTIONAL Oral Health Care, that is affordable and without the limits, maximums and exclusions that traditional insurances put on you.

### **COVERED PROCEEDURE**

### **COVERAGE / DISCOUNT \***

Comprehensive Dental Exam	100% covered
Adult Prophylaxis (cleaning)	100% covered
Child Prophylaxis (cleaning)	100% covered
Bitewings (Radiographs)	100% covered
FMX (full mouth Radiographs)	100% covered
Sealants (children 12 and under)	100% covered
Child Fluoride Treatment	100% covered
Periodontal (deep) Cleaning (SRP)	20% discount
Restorative (composite fillings)	20% discount
Extractions	20% discount
Crowns / Bridges	20% discount
Root Canals	20% discount
Dentures / Partials	20% discount
Whitening (in house)	20% discount
Mouth Guards / Night Guard	20% discount
Veneers	20% discount
Conventional Orthodontics (braces)	20% discount
6Month Smiles (adult short-term Orthodontics)	20% discount

\* Coverage is based on our usual fees for a procedure.

\* Sorry, products & other merchandise sold through our office are not discounted.

\* For services provided by specialists within our office; discounts may not apply.

# HAPPY TEETH, HEALTHY TEETH PLAN

A Comprehensive Discount Dental Services Benefits Plan

## MEMBERSHIP APPLICATION

Personal Information:

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Email Address \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Spouse Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Child Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Child Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Child Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Child Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Total Annual Cost: \_\_\_\_\_ Renewal Date \_\_\_\_\_

I \_\_\_\_\_ understand that this Dental Benefits Plan is **NOT** an insurance policy, rather a **Discount Dental Services Benefit Plan** that is only valid at Oral Health Center of Delaware, 2323 Pennsylvania Ave., Wilmington, DE 19806 and cannot be combined with any other offer or dental plan of any kind. I will pay the patients portion of any provided services on the day of service. Benefits under this plan begin immediately and as a member I will remain on the plan for a minimum of 12 months. If Care Credit or any other form of patient financing is used in conjunction with this plan, the discounts are subject to decrease by 7%.

I know that it is my responsibility to **schedule** and **keep** all appointments for myself as well as any family members. If I fail to show for a scheduled appointment or cancel an appointment without at least 24-48 hours, I will pay a fee of \$35.

I understand that there is no refund in full or in part of any membership fees if I choose not to or fail to use my allowed benefits under the plan. I agree and understand all plan limitations and exclusions.

Applicant's Signature \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_

Adult # 1

Adult # 2