

# Hemet Dental Center

## Brian Stiewel DDS, INC.

### PATIENT SAVINGS PLAN

|  |              |                        |
|--|--------------|------------------------|
| <input type="checkbox"/> Single Plan     | (\$249 / yr) | <b>[\$429+ VALUE]</b>  |
| <input type="checkbox"/> Dual Plan       | (\$489 / yr) | <b>[\$858+ VALUE]</b>  |
| <input type="checkbox"/> Family (3) Plan | (\$739 / yr) | <b>[\$1287+ VALUE]</b> |
| <input type="checkbox"/> Each Additional | (\$110 / yr) | <b>[\$429+ VALUE]</b>  |

(Maximum of 6 people per family)

Hemet Dental Center Savings Plan is designed for people that want quality dental care without the constraints of working through an insurance company. The Hemet Dental Center Savings Plan is only valid at HEMET DENTAL CENTER.

Your plan now gives you access to the highest quality dental care without the constraints of claims forms, pre-authorizations, limitations, or waiting periods.

This program is a discount plan, not an insurance plan, and is secondary to any other dental plan.

It cannot be used:

- In conjunction with any other dental plan.
- For treatment which, in the sole opinion of the treating dentists, lies outside the realm of the dentist's capabilities.
- For referrals to a specialist.
- For hospitalization or hospital charges of any kind.
- For any costs for dentistry covered by automobile insurance claims, workers comp or health insurance.

Program guidelines -

- Benefit coverage table is subject to annual revision
- There will be a reinstatement fee (\$50) if your plan lapses.
- Cannot be used in conjunction with another dental plan.
- NON-REFUNDABLE – Coverage only valid for a period of 1 year after the first date of enrollment. Does not carry over into following year. All benefits must be utilized during calendar year.
- No refunds on premiums will be issued at any time if participant decides not to utilize this dental plan.

This plan is only honored at HEMET DENTAL CENTER. This plan is not a dental insurance that can be used at any other dental office. I agree to the terms and conditions above:

Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

# Hemet Dental Center

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### Coverage Table

#### Diagnostic & X-Ray

#### Discount Off UCR Fee

|                                       |      |
|---------------------------------------|------|
| Comprehensive Exam                    | 100% |
| Periodic Exam 2x per year             | 100% |
| Limited Exam (Emergency Exam) 1x year | 100% |
| Additional Limited Exams              | 20%  |
| Check up X-rays 1x year               | 100% |
| Full mouth X-rays 1x every 3 years    | 100% |

#### Preventative treatment

|  |      |
|--|------|
| Adult & Child prophylaxis cleaning 2x year                                       | 100% |
| Additional prophylaxis (adult & child) cleaning                                  | 20%  |
| Periodontal maintenance cleaning 1x year<br>(Following Scaling and Root Planing) | 100% |
| Additional periodontal maintenance cleanings 3x year                             | 20%  |
| Sealants   | 20%  |

#### All other procedures

|                              |     |
|------------------------------|-----|
| Scaling & Root planing (SRP) | 20% |
| Fillings                     | 20% |
| Crowns / Implants / Veneers  | 20% |
| Partials & Dentures          | 20% |
| Tooth extractions            | 20% |

\*\* Exclusions - Invisalign, Fluoride treatments, Teeth Whitening, & any over the counter products or medicaments.

\*\*\*Care credit payments will reduce all treatment discounts above by 10%