

Dental Source of MO & KS, Inc

12946 Dairy Ashford, Suite 360
Sugarland TX 77478
(866) 481-9473 • Fax (281) 313-7155

Dental Source DHMO - Plan E [View full schedule of benefits under Plan Design: Plan E](#)

- ✓ No annual or lifetime maximums
- ✓ No waiting periods
- ✓ Orthodontic benefits for ADULTS and children
- ✓ No deductibles
- ✓ No pre-existing condition exclusions
- ✓ No claim forms

Extensive provider network

Dependent coverage to age 19 or 23 if full time student at an accredited institution

No referral needed to visit a specialist inside of our network

Easily change your Dentist by calling our toll free number by the 20th of the month to be effective on the 1st of the following month

Sample of Benefits

Procedure

Member Savings

Consultation	100%
Examinations	100%
Cleanings (2 per year)	100%
Polishings	100%
Full Mouth X-Rays	100%
Bitewing X-Rays	100%
Oral Hygiene Instruction	100%
Office Visits	100%
Fillings	70%
Root Canals	50%
Simple Extractions	50%
Crowns (any material)	50%
Specialist Services	20%

All services listed are provided exclusively by Dental Source network Providers.

Lab and sterilization fees are not covered by the Dental Source Program.

Specialist services are available in most areas and include Orthodontics, Endodontics, Periodontics, Pedodontics and Oral Surgery

<u>Coverage Type</u>	<u>Monthly Rates</u>
Single	\$12.50
Member +One	\$18.50
Family	\$28.00

Dental Source Dental Health Care Plans

Part 1	MISSOURI RETIRED TEACHER ASSOCIATION #106396			
	SOCIAL SECURITY NUMBER <small>(REQUIRED)</small>	NAME: (LAST) (FIRST)		
	ADDRESS:			
	(CITY)	(STATE)	(ZIP CODE)	
	HOME PHONE	WORK PHONE	DATE OF BIRTH <small>(month/day/year)</small>	

Part 2	DEPENDANT INFORMATION - LIST ALL <u>ELIGIBLE</u> DEPENDANTS YOU WISH COVERED. NAME: LAST FIRST	DATE OF BIRTH	SEX	RELATION TO APPLICANT

Part 3	SELECTED DENTAL LOCATION NAME: <small>(SEE PROVIDER LISTING PLAN E)</small>	OFFICE LOCATION #
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Part 4	Membership Fees	*Monthly	Quarterly	Semi-Annual	Annual
	<input type="radio"/> Member	\$12.50	\$37.50	\$75.00	\$150.00
	<input type="radio"/> Member + 1	\$18.50	\$55.00	\$111.00	\$222.00
	<input type="radio"/> Family	\$28.00	\$84.00	\$168.00	\$336.00

Part 5	I have read and understand the terms and conditions of the program and hereby request membership with Dental Source of Missouri & Kansas, Inc. I further understand that I am committing to a 12 month membership. If paying monthly I authorize Dental Source of Missouri & Kansas to deduct the monthly membership fee from my account with the financial institution listed.	
	SIGNATURE	DATE

PLEASE SELECT PAYMENT METHOD & Enclose appropriate payment	*Monthly By Bank Draft Only – Please include sample check + 1st month premium.	
	Bank Name	Address
	Credit Card Information: **Annual Payment only Visa MasterCard Discover Expiration Date _____ Authorized Payment Amount **Annual payment only Card Number _____ \$ _____	
	Remember: Include your premium with this application	

PAYMENT OPTIONS FOR Missouri Retired Teacher Association

1. Please select your preferred payment method below.

Payment Options:

ANNUAL PAYMENTS:	Dental Source
Yourself	\$150.00
Yourself & 1 dependent	\$222.00
Family	\$336.00

MONTHLY PAYMENTS:

Yourself	\$12.50
Yourself & 1 dependent	\$18.50
Family	\$28.00

PLEASE PLACE CHECK MARK BY DESIRED PAYMENT OPTION:

I wish to pay a **one time annual fee by check** (payable to Dental Source)

I wish to pay a **one time annual fee by credit Card**

I wish to **pay monthly by Bank Draft Only**

Checking:

Bank Name _____

(Attach only a void check, bank letter or specification sheet. Deposit Tickets not accepted.)

Annual Payment by Credit Card:

Card Type VISA MASTERCARD DISCOVER

Card# _____ - _____ - _____ - _____

Expiration Date ___/___ Signature _____ Date _____

(Your enrollment is for one year. You will receive notification once your application is processed. If you chose the Dental Source plan please make sure you selected a dentist from the list and listed your selection on the enrollment form) Provider Listing Plan E & H Directory

**Mail this form and the enrollment form to:
12946 Dairy Ashford, Suite 360 ♦ Sugarland, TX 77478**