

Enrollment Application

Enrollment Instructions:

1. Complete the application including information for all dependents you wish covered.

2. Select a Participating General Dentist from the enclosed listing.

3. Select your method of payment.

a. If MONTHLY, complete the Banking Information portion of this form. Be sure to include your enrollment fee and first months membership fees.

b. If ANNUAL, enclose a check for the annual membership fee and enrollment fee listed or complete the Credit Card Information portion of this form.

Social Security No. (Required)	Last Name	First	MI	Date of Birth
Home Address			Area Code	Home Phone
City		State	Zip	

List All Eligible Dependents You Wish To Cover Please enclose verification for full-time student status.

	First	Middle	Last	Relation	Date of Birth
1					/ /
2					/ /
3					/ /
4					/ /

Selected General Dentist's Name	Office Location #
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Payment Method (check one) Monthly Bank Draft Annual Billing Credit Card-Annual Payment only Quarterly Semi-Annual

Coverage Type Single Single + 1 Family

\$17 \$27 \$39

First Period Membership Fee: _____ + Enrollment Fee \$ 20.00

Total Enclosed: _____

Banking Information:

Bank Name _____ Address _____ City/State/Zip _____

Routing Code _____ Account Number _____ Savings Checking

Name Address _____ 1234

Pay to the order of _____

(Routing Code) (Account Number) 1234

I have read and understand the terms and conditions of the program and hereby request membership with Dental Source of Missouri & Kansas, Inc. If paying monthly I hereby request and authorize Dental Source of Missouri & Kansas, Inc. to deduct a monthly membership fee from my account with the financial institution named above. I understand that this agreement is for a minimum 12 month membership and that this authority shall remain in effect until revoked by me in writing and until said notice is actually received by Dental Source of Missouri & Kansas, Inc. I agree that Dental Source of Missouri & Kansas, Inc. shall be under no liability whatsoever upon processing these payments in accordance with said terms. If paying annually by credit card, I hereby authorize Dental Source of Missouri & Kansas, Inc. to charge the credit card account listed for the enrollment fee and annual membership fee.

X _____ Applicant Signature Date _____

X _____ Agent Signature Date _____

Credit Card Information

Visa Mastercard Expiration Date: _____ / _____

Card Number _____

Amount Charged (Must be the sum of enrollment fee + annual membership fee) \$ _____

For Agent and Office Use Only.				
Date Rec'd	Date Appr'vd	Appr'vd By		
Agent#	Broker#	SGA#	Dist#	Group#

Completed applications received by the 25th of the current month will be effective on the 1st of the following month.

All procedures listed may not be performed by the Participating General Dentist you select. Should the need for a Participating Specialist arise, you may be referred by your Participating General Dentist. You will receive a discount of 20% on services provided by Participating Specialists where available.

Exclusions and Limitations:

- Lab and/or sterilization fees.
- Procedures provided by a dentist or specialist who is not within the Dental Source network.
- Procedures provided by a participating dentist other than your selected dentist prior to receiving approval from the Dental Source office.
- Procedures or dental expenses incurred in connection with any dental procedure started prior to the member's eligibility or in progress at the time of application.
- Dental expenses incurred if a participating dentist is unable to perform a procedure due to a member's general health or physical condition (i.e. patient physically unable to visit dentist office or suffering from a contagious illness or disease).
- Dental expenses incurred after termination of eligibility and charges for broken appointments.
- Any dental procedure solely for cosmetic purposes is not a covered benefit.
- Any dental procedure not listed as a covered service, including but not limited to general anesthesia, the services of an anesthesiologist, prescription medication, nitrous oxide, implants, treatment required by reason of war, hospital and medical charges of any kind, surgery of fractures and dislocations, loss or theft of dentures or bridgework, and the treatment of malignancies.
- Procedures, appliances, or restorations to correct congenital, developmental, or medically induced dental disorders, including but not limited to, treatment of myo-functional, myo-skeletal, or temporomandibular joint dysfunction (TMJ).
- Prophylaxis (cleanings) and fluoride treatments are limited to one every 6 months. Difficult prophylaxis (i.e. heavy smokers or very neglected teeth) are subject to a \$20.00 charge.
- Replacement of a satisfactory filling is not covered. The plan allows for amalgam restorations in posterior teeth.

Other Important Questions

Who is covered under a family membership?

Members on the Family plan include the husband, wife, unmarried dependent children under age nineteen, and unmarried full-time students attending an accredited school under age twenty-three.

Please enclose one of the following forms of verification • A copy of the current semester official class schedule reflecting full-time student status; OR • A signed statement from the Registrar or Dean of Students verifying full-time student status; OR • A copy of the current semester paid tuition bill showing full-time student status and/or total credit hours.

When will my coverage begin?

Applications received by Dental Source on or before the 25th of the month will be effective on the 1st day of the following month. Contact our customer service department for confirmation before scheduling a dental appointment.

Can I change dentists?

Yes you can. As long as there is not a balance due to your current dentist, you can select another Participating General Dentist for your dental care.

When are the monthly bank drafts processed?

The automatic monthly bank drafts are processed on the 15th day of each month. However, if the 15th falls on a Saturday or Sunday or bank holiday, the draft will be processed on the next business day.

When my 12 month membership term is completed, will I have to re-apply?

No, by paying your annual bill, you will automatically renew for another 12 month membership.

Dental Source Dental Health Care Plans

Dental Health Care Program For Individuals

Dental Source of Missouri & Kansas, Inc.

9091 State Line Suite 101
Kansas City, MO 64114

(816) 523-8900 • (800) 369-3485
FAX:(816) 523-8988

The Dental Source Advantage!

Most people will agree that taking care of your teeth is important. Your teeth are a valuable asset. If you take care of them, they should last you a lifetime.

However, many people neglect their teeth, and this neglect can cost more than just money. Not maintaining good oral hygiene can cause tooth loss and decay, which is painful and expensive.

The experts agree that *dental disease is widely preventable*. Regular visits to your dentist, along with good dental practices at home can greatly reduce the risk of cavities and other dental problems.

The Dental Source Program can make preventive dentistry affordable and help you save your smile.

You'll Save More Than Just Your Smile.

With the Dental Source Program, you'll receive many dental services at **NO CHARGE**. Such as:

- X-Rays
- Fluoride Treatments
- Cleanings
- Oral Examinations

And if you need a cavity filled, a crown, or other restorative services, the Dental Source Program provides substantial savings.

Qualified Dental Professionals.

Each Participating Dentist in the Dental Source Program is licensed and insured in the state in which he or she works. They are all well qualified, skilled and experienced. And should the need arise for a service which your selected General Dentist does not perform, Dental Source maintains an extensive panel of Participating Specialists for your continued coverage.

No Deductibles.

The Dental Source Program offers you the added benefit of having no deductible to meet before your coverage can begin. You will save money from the first office visit.

No Claim Forms.

The Dental Source Program offers freedom from the confusing and time consuming task of filing claim forms. Claim forms are not necessary as a result of Dental Source's contractual arrangement with our Dentists.

Pre-existing Conditions are Covered.

There is no waiting period for pre-existing conditions. Benefits are available for all covered services after your effective date with Dental Source.

No Annual or Lifetime Maximums.

There is no lifetime or annual maximum of covered benefits for Dental Source members and their covered dependents. You can use the program to its maximum advantage.

Quality Customer Service Personnel.

Dental Source has a well trained friendly and efficient customer service department to help answer any questions you may have about our program.

Grievance Procedure.

If a plan member has a complaint concerning any matter relating to services provided by Dental Source or any of its providers, the member should notify Customer Service. If the problem cannot be resolved, the member will be provided a grievance form to complete which will initiate a full review of the complaint.

Affordable Rates.

Coverage Type	Monthly Fees*
	<small>Bank Draft</small>
Single	\$17.00
Single + 1 Dependent	\$27.00
Family	\$39.00

*plus a one time \$20.00 enrollment fee.

Must be 18 or older.

Please include your first month's or annual membership fees and enrollment fee with your completed application.

All memberships paid monthly are through bank drafts. By enrolling you are committing to a 12 month membership.

You Can Save Even More.

You can reduce your costs even more by asking your employer to allow the Dental Source Program to be offered through payroll deductions.

Dental Benefits

- Dental Care Locations Throughout Missouri and Kansas.
- Private Practice General Dentists for Personalized Dental Health Care.

Customer Service: (816) 523-8900
Outside Kansas City Area (800) 369-3485

Plan Features

- No Deductible
- No Claim Forms
- No Pre-Exam to Enroll
- No Waiting Period
- No Pre-Authorization
- No Annual Maximum

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%
Fluoride Treatment (to age 19).....	100%
Local Anesthetic	100%
Office Visits	100%
Fillings	70%
Root Canals.....	50%
Sealants	50%
Simple Extractions.....	50%
Crowns (any material)	50%
Bridge Work	50%
Dentures & Partials	50%
Non-Elective Cosmetics.....	40%
Orthodontics	25%
All services listed are provided exclusively by Dental Source Network Providers.	
Specialist Services	20%

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.

Dental Source Dental Health Care Plans

Committed To Your Healthy Smile