

## Your Dental Health Plan Payment Policy

Office Name \_\_\_\_\_

You are enrolled in the Dental Health Plan upon joining the program and fees are non-refundable once any discount treatment is performed, other benefits are provided, or after 30 days of purchase.

Given the substantial discounts offered under the Your Dental Health program, it is imperative that appointments scheduled for the two cleanings covered under your Your Dental Health program be kept. Broken appointments without a 24 hour cancellation notice will count as one of the patients' covered cleanings. The dental office location being visited reserves the right to deny all benefits and treatment under the Your Dental Health program and / or suspend or terminate a patient's membership without notice if the patient's account becomes delinquent at any time.

### Exclusions

Insurance benefits or any other discount offer may not be combined with this program.

### Renewal

On the anniversary of your plan, Your Dental Health Plan will automatically renew and your benefits and bank drafts will continue as normal. In the event you decide that the Dental Health Plan is not for you, or if you have obtained dental health insurance through your employer; please notify us prior to your renewal date so that we may cancel your plan and discontinue drafting further payments.

**Note: THIS PROGRAM IS NOT DENTAL INSURANCE AND IS ONLY VALID AT PARTICIPATING DENTAL OFFICES.**

Pricing for this discount dental plans in West Virginia includes:

- Single Patient Annual Membership FEES: \$507. This will qualify you for \$39 per month payment schedule (automatic withdrawal from checking account).
- Family (an additional 5% off single member rates.  
*For example:* Family of 4, total savings will be \$101.40.
- Preventative Care that is 100% covered
  - Adult and Child Prophylaxis (Regular Cleanings) 2 per year
  - Fluoride Treatment
  - Full X-Rays including Panoramic (Will be kept up to date as per ADA Guidelines)
  - Comprehensive and/or Periodic Examinations – 2 per Year
    - Consultations (Includes Orthodontic, Denture and Cosmetic)

- Emergency Exams at 50% off the regular fees
  - Oral Cancer Screenings with BioScreen®, VELscope®, or OralID® (1 Per Year for Adult Patients)
- Oral Surgery completed by a participating General Dentist receives 15% off standard fees. *\*Implants are NOT Included.*
- Most Restorative Dentistry to include fillings, crowns, bridges, and veneers (Etc.) receives 15% off standard fees. *\*Implants / Dentures are NOT Included.*
- Periodontal Treatment receives 15% off standard fees.
- Orthodontic cases by a participating Orthodontist receives 5% off standard fees.

## ALL DENTAL TREATMENT PROVIDED BY A GENERAL DENTIST

<b>DIAGNOSTIC – D01000-D0999</b>	
Examinations (D0120/D0150)	No Charge
X-Rays	No Charge
Oral Cancer Screening with BioScreen®, VELscope®, or OralID®	No Charge
Emergency Examination (D0140)	50% OFF
All Other Diagnostic Services	No Charge
<b>PREVENTIVE CLEANINGS/HEALTHY GUMS</b>	
Adult Cleaning	No Charge
Child Cleaning	No Charge
<b>DEEP CLEANINGS/PERIODONTAL THERAPY</b>	
Full-Mouth Debridement (D4355)	15% OFF
Periodontal Scaling & Root Planing (D4341/D4342)	15% OFF
Periodontal Maintenance Cleaning (D4910)	15% OFF
<b>PREVENTIVE – D1000-D99</b>	
All Preventative Services other than Cleanings	15% OFF
<b>RESTORATIVE – D2000-D2999</b>	
Fillings, Inlays, Onlays, Single Crowns	15% OFF
<b>ENDODONTICS – D3000-D3999</b>	
Pulpotomies, Simple Root Canals	15% OFF
<b>PERIODONTICS – D4000-D4999</b>	
Gingivectomy and Minor Periodontal Procedures	15% OFF
<b>PROSTHODONTICS – D5000-D5999 (REMOVABLE)</b>	
Limited to Partials and Repairs	15% OFF
<b>PROSTHODONTICS – D6200-D6999 (FIXED)</b>	
Crowns, Bridges, Inlays & Onlays	15% OFF
<b>ORAL SURGERY – D7000-D7999</b>	
Simple Extractions	15% OFF
<b>ADJUNCTIVE SERVICES – D9000-D9999</b>	
Consultations, Sedation, Bleaching & other miscellaneous services (excludes all retail products)	15% OFF

Patient Name(s) \_\_\_\_\_ Patient ID: \_\_\_\_\_ Date \_\_\_\_\_

Responsible Party Name: \_\_\_\_\_ Signature \_\_\_\_\_

Financial Coordinator \_\_\_\_\_

\*Any required payments are subject to the terms and conditions listed on the third page of this Financial Agreement. Installment payments shall be payable without notice or demand from the dental office on the 2nd of the month. The payments will be made by automatic bank draft.

1. If an automatic monthly drafted payment from your financial institution comes back with insufficient funds, your financial institution may charge you a fee for having insufficient funds and your monthly draft may be rerun for payment. We will re-run your ACH 3 more times during the month and your financial institution may charge you a fee for that as well. 1. (a) Our office will also charge a \$30.00 insufficient fund fee each time your planned payment is supposed to be withdrawn and is not delivered due to insufficient funds. That fee will not be charged when re-running for payment.
2. Place for Payment. All payments shall be made to the dental office, unless otherwise agreed in writing between the dental office and Patient or the responsible party for Patient.
3. Late Fee. A delinquency charge ("late fee") shall be assessed on any installment not paid in full within 10 days after its scheduled due date. The late fee shall be 5% of the unpaid amount of the installment, but will not exceed \$15.
4. Default. Upon failure to pay two (2) consecutive, monthly Installment Payments when due, or in the event of bankruptcy or insolvency of Patient, either of which shall be deemed an event of default, it is agreed that the entire balance owed shall become immediately due and payable.
5. Successorship to the dental office's Rights. All rights, powers, and privileges granted to the dental office available to its heirs, successors, legal representatives, and/or assigns as fully and with the same effect as though the dental office was exercising said rights, powers, and privileges.
6. Binding Nature of Patient's Obligation. This Agreement is binding upon Patient, his/her successors.
7. Change. Except as provided in the "Disclaimer" section of this Agreement, no portion of this Agreement may be changed or terminated orally, nor may any of its provisions be waived, except by an agreement in writing signed by the party against whom enforcement of such change or termination is sought.
8. Governing Law. The laws of the State of West Virginia govern this Agreement.
9. Jurisdiction and Venue. Patient consents to exclusive jurisdiction and venue of the Federal and State Courts of West Virginia, with respect to any action and/or suit arising out of, relating to, or otherwise mentioning this Agreement.
10. Severability. If any article, paragraph, subparagraph, phrase, clause or other provision of this Agreement shall be held to be void or otherwise unenforceable, all other portions of this Agreement shall remain in full force and effect.
11. Modification to Conform with Law. In the event any amount charged hereunder by the dental office is greater than the amount permitted by applicable law, all such amounts under this Agreement shall automatically be modified to the highest amount permitted by applicable law.
12. Entire Agreement. This Agreement constitutes the entire Agreement between the parties hereto with respect to the transactions contemplated herein, and it supersedes all prior oral or written agreements, commitments or understandings with respect to the matters provided for herein.
13. Disclaimer: Patient understands that due to circumstances unknown as of the above date, including, but not limited to, insurance policy adjustments/changes, necessary changes in treatment plans, and/or additional dental and/or medical treatment, the below amounts of professional fees, insurance payments, and balance(s) due may vary from this treatment calculation. Patient acknowledges that parts I and II of this agreement are subject to change and, further understands that Patient, and not the dental office, or any insurance company, is ultimately responsible for payment in full for all services rendered. Patient further acknowledges that there are no guaranteed insurance benefits or payments. In the event of insurance policy adjustments/changes, changes in treatment plans, additional dental and/or medical treatment, or other circumstances unknown at this time change the medical treatment amounts below, Patient agrees that Patient shall immediately upon notice from the dental office cooperate in good faith with the dental office to execute a revised agreement modifying any and all amounts listed in Parts I and II of this Agreement.

## **DHP Call Center Checklist**

- Create Patient Entry on DHP Smartsheet
- Collect \$39 Set Up Fee through Paypal
- Add CC DHP Service Code to Patient's Appointment

## **DHP Office Checklist**

- Create patient entry to DHP Smartsheet (if not from Call Center)
- Collect \$39 Set Up Fee (If not from Call Center)
- Collect Voided Check and Attach to Smartsheet
- Collect Driver License and Attach to Smartsheet
- Get Signed Policy and Attach to Smartsheet
- Scan Signed Policy into Patient SmartDocs
- Call Shalayna for DHP Processing/Approval
- Walkout DHP Service Code
- Add DHP Payment Plan In Contract
- Set Patient to DHP Employer
- Provide Patient With Their Copy of the Policy

## **DHP Shalayna Checklist**

- Ask if the \$39 set up fee has been collected
- Confirm all the correct info has been attached (Signed Policy, Driver License, Blank Check)
- Ask what Employer was set up (same as any other insurance) should be DHP Employer for following month.
- Confirm office did not change the fee schedule at the patient level.

## **Brandi Set-up Tasks/Rules:**

- Add information to 2nd DHP ACH Log
- Enter information into Huntington