



Dental Elements Freedom Plan Application

Enrollment Instructions:

Complete the following application for membership and return it with the first month's membership fees to dana@dentalelementskc.com or by mail to:

Dental Elements Shawnee
 11912 W. Shawnee Mission Parkway
 Shawnee KS 66216

Primary Member Information

Last Name	First Name	Middle	Account number <i>(for office use only)</i> :
Street Address			DOB
City	State	Zip Code	Area Code and Phone Number

Spouse	Phone Number	DOB
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Dependent Information (list all eligible dependents you wish to cover below)

Last Name	First Name	Middle	Relationship	DOB

Program Selection: _____ Essential _____ Complete

Credit or Debit Card Information

Name on Card	Billing Address	
Card Number	Expiration Date	Security Code

I have read and understand the terms and conditions of the Dental Elements Freedom Plan as listed on page three of this contract, and I hereby request membership. I also understand that the membership fees indicated above constitute acceptance for membership in the Dental Elements Freedom Plan for twelve (12) months beginning **on the date that the application is actually received and approved, and extended by 12 months after completion of any restorative work.** I hereby request and authorize Dental Elements to deduct a monthly membership fee from my account with the financial institution named above on the same day of each month or the first business day thereafter. This authority shall remain in effect for the minimum twelve month period and therefore until revoked by me in writing and until said notice is actually received. I agree that Dental Elements shall be under no liability whatsoever upon processing these payments in accordance with the terms.

Applicant Signature _____ **Date** _____

Dental Elements Freedom Plan Options At a Glance:

Essential Plan: \$100 1x initiation fee
+\$30 per month
= \$460 for the 1st year investment; \$360 annually thereafter

This includes: Exams, X-rays, basic cleanings & fluoride treatment - 2x yearly - no charge
All treatment needed can qualify for a 20 to 50% discount

Complete Plan: \$500 1x initiation fee
+\$65 per month
= \$1280 for the 1st year investment; \$780 annually thereafter

This includes: Exams, X-rays, basic cleanings & fluoride treatment up to 4x yearly at no additional charge
Fillings - No additional fee
Extraction(s), Periodontal Therapy, Root Canals, Crowns, Bridges (per tooth), Occlusal (bite) Guards, Dentures, Partials and Implant procedures are subject to additional lab fees.

Additional fees will be discussed as treatment plans are given so that you are always aware

- Freedom Plan can not be used in conjunction with any dental insurance
- Freedom Plan is a **1 year commitment** with auto renewal each year unless you request to cancel the plan in writing **after** one year. See policy terms and conditions below for more details

Summary:

Essential \$100 Initiation Fee and \$30/month includes dental exams, x-rays, basic dental cleanings and fluoride treatments, twice yearly. Members also have access to special pricing on services not included in the Essential Plan.

Complete \$500 Initiation Fee and \$65/month includes Essential Plan services, any additional basic cleanings, and fillings. Crowns, bridges, extractions, periodontal treatment, root canals and any implant procedures are subject to an additional lab fee.

*Materials fees for crowns, bridges and root canals (major services) will also be the responsibility of the patient. Materials fees are listed on the DE Freedom Plan Lab Fee Schedule.

*Patients may receive a credit on their next scheduled monthly payment when they refer a member to the program.

*The Initiation Fee for Complete Plan members may be divided over the first 6 months and included in their monthly dues at the request of the member. If a member elects to divide the initiation fee over 6 months, the member is not eligible for restorative treatment for 6 months or until the initiation fee is paid in full. Members who elect to divide the initiation fee over 6 months are eligible for cleanings, exams and x-rays after 2 months fees have been paid.

Dental Elements Freedom Plan Terms and Conditions:

- The discounted fees associated with the Dental Elements Freedom Plan are reduced fees for services performed by Dental Elements providers and in no way qualify as a dental insurance program.
- This membership program can not be used in conjunction with any other dental discount or insurance plan.
- Members may pay the Initiation Fee and one year's Monthly Membership Fees using Care Credit if they qualify for Care Credit.
- The discounts associated with the Dental Elements Freedom Plan are only available through Dental Elements locations and are not available at other dental facilities.
- Monthly membership fees are to be paid for a minimum of twelve (12) month period beginning at the date the application is actually received and approved and fees are non-refundable. Unless waived by the ownership, plan membership will automatically renew on the anniversary date and continue thereafter until canceled, in writing.
- **The DE Freedom Plan Members must continue membership for 12 months after any restorative work is completed. If restorative work is completed and a plan member discontinues membership, the member will owe the office fee of the restorative procedure, less any copay paid for that procedure, and the total of the monthly fees paid from treatment date forward. This stipulation of membership applies whenever a restorative procedure is completed.**
- Complete Plan Members may not transfer to the Essential Plan at any time, however Essential Plan members may upgrade to the Complete Plan at any time.
- The DE Freedom Plan is available to patients of Dental Elements, a patient's legal spouse, or any unmarried children under the age of 18 still living in the household as a full-time student.
- **A Family DE Freedom Plan membership is available to a total of four (4) family members if both parents are members of the Complete Plan. A total of 2 children are eligible for the Essential Plan at no additional charge. Any additional dependents after two (2) dependents will have an additional surcharge of \$20 per month per dependent to be on the Complete Plan or \$10 per month per dependent for the Essential Plan.**
- **A family membership is also available to Essential Plan members. When two parents join the Essential Plan, they can add children to the Essential Plan at a rate of \$20 each per month.**
- **Children can be upgraded to the Complete Plan for an additional fee of \$20/month per child at any time.**
- A single parent may join the DE Freedom Plan as a Complete Plan member and carry one child under the age of 18 still living in the household as a full-time student. Any additional dependents will have an additional surcharge of \$20 per month per dependent.
- In the case of family memberships, one parent may pay their Initiation Fee at the time of signup, and one parent may pay their Initiation Fee divided over the first 6 months.
- Materials fees for major services (crowns, bridges, root canals) will also be the responsibility of the patient, estimates for lab fees can be given prior to any treatment started.
- Lab Fees include time, materials and overhead needed for fabrication.
- All member copayments for lab bills and services not covered by the Dental Elements Freedom Plan selected are due at the time of service.
- If a dentist at Dental Elements refers you to a dental specialist, it is the member's responsibility to pay for services rendered. Dental Elements Freedom Plan does not provide for dental treatment provided by a dental specialist.
- Dental Elements has made arrangements with a list of specialists who will discount treatment for the Dental Elements Freedom Plan members.

- Services will not be rendered if membership dues are not current. Membership can be reinstated and treatment rendered if the member pays all back dues owed, or the Initiation Fee, (whichever is less) in the case of delinquent accounts.
- Membership in the Dental Elements Freedom Plan may be terminated for abuse and/or failure to pay membership fees or properly billed dental charges, or any other reason not listed on this contract.
- The Dental Elements Freedom Plan is administered solely by Dental Elements and may be discontinued at the end of any month, with or without notice.
- Unless prior signed financial arrangements have been made, fees are due in full on the day of the service. No balance shall be carried by Dental Elements for more than 60 days after the dental service has been rendered. For Dental Elements to accept the membership program or to offer payment plans, patients may be subject to a credit evaluation. If the account is sent to a collection agency, or to an attorney for non-payment, the patient will be responsible for the collection fees, attorney fees, and accruing interest in addition to the unpaid balance.
- Fees and plan discounts are subject to change without notice.

Plan Limitations:

- Treatment is limited to only treatment recommended by Dental Elements providers.
- Basic cleanings, exams and x-rays are limited to twice (2) yearly for Essential Plan members, and four (4) times yearly for Complete Plan members. Periodontal cleanings will have a nominal fee for both Essential and Complete Plan members after the first two per year. Providers may elect to take x-rays as needed for additional diagnosis.
- Fluoride is limited to two (2) yearly treatments.
- Complete Plan Members are eligible for \$5,000/year of dentistry (usual office fees) provided by Dental Elements. Members are eligible for dentistry above \$5,000 (usual office fees) at the Essential Plan rates.
- All fillings and crowns are subject to the Dental Elements Warranty Work Policy that is spelled out in the Dental Elements Policy and Procedures Manual. Program members can request a copy of the Warranty.

Plan Exclusions:

- Any dental treatment in progress prior to becoming a member of Dental Elements Freedom Plan may be excluded from the plan.
- Any dental procedure performed either before or after the member's eligibility is excluded from the plan or the plan Warranty or may be subject to additional fees.
- Any dental expense incurred if Dental Elements is unable to perform a procedure due to the member's general health or physical condition is excluded (i.e. patient physically unable to visit the dental office, etc.)
- Replacement of fillings, crowns, bridges, dentures, partials, or any other treatment performed in a satisfactory manner is excluded or may be subject to additional fees.
- Any dental treatment or services provided to the member by state government or agencies thereof, or services provided without cost to the member by any municipality, county or other subdivision is excluded.
- Replacement of lost or stolen dentures, bridgework, partials or appliances is excluded if the treatment was done within a 3 year period.
- Any dental procedure or treatment related to injuries that are intentionally self-inflicted or beyond the control of Dental Elements is excluded.

- Any dental procedure not listed as a covered service, including but not limited to general anesthesia, the services of an anesthesiologist, prescription medications, treatment required by reason of war, hospital and medical charges of any kind, surgery of fractures and/or dislocation of jaw, trauma to the mouth, and the treatment of malignancies, is excluded.
- Coordination of Dental Elements Freedom Plan benefits with any other dental plans or insurance plans is excluded.

Revised 9/23