



## Dental Saving Plan Membership Program

- 2 complementary annual oral examinations
- Complementary annual 2D X-rays
- 2 complementary emergency exams
- 10% Off All Dental Treatment by the dentist
- 20% Off Hygiene Services by the licensed RDH
- \$500 off Invisalign Services
- \$100 off In-Office Whitening
- No charge for Invisalign & Cosmetic Consultations

\*Percentage off, of treatment not applicable when using 3rd party financing

Court Street Dental is very proud to announce our new in-house Dental Saving Membership plan. We strive to give the best treatment and service to you and your family. Our goal is not to simply correct any dental problems you may have, but to help prevent dental diseases in the future to save you discomfort, time and expenses. The long-term success of the treatment we provide depends on YOU! You should take care of your teeth and gums at home and visit our office for regular professional exams and preventative treatments. Your professionally diagnosed care and recommended treatment varies based on your individual condition. The primary key to your long-term success is spending a few minutes a day on your home care (brushing and flossing along with any prescribed products). The second key to success is regular professional examination, cleaning, and x-rays (at 3, 4, or 6-months intervals or other intervals depending on your condition). Help us to help you maintain your teeth for life!

Because we're confident of the durability of the professional treatments we offer the following limited dental warranties based on the services provided under the terms of the Membership. Failure to have your prescribed in-office professional cleanings, exam, x-rays, treatments and follow-up care will **VOID** all warranties under the Membership and as otherwise provided herein below.

### **2-Year Warranty**

**Composite restorations (tooth-colored fillings):** If a composite restoration is the recommended treatment, Court Street Dental's professional will repair or replace a failed filling that was completed at **OUR OFFICE** at no charge. If the tooth breaks or requires a crown or other treatment, we will credit the cost of the filling towards that treatment.

### **5-Year Warranty**

Crowns, bridges, inlay, onlay, and porcelain veneers: If treatment was completed in **OUR OFFICE** we will replace or repair these at no charge if they chip, break, become loose or come off with normal use.

A member who makes a claim for warranty services under the terms of the Membership **MUST** have a continuous Court Street Dental Membership throughout the prior applicable 2-Year or 5-Year Warranty lookback period for the warranty to be effective and re-treatment to take place. In the event a member fails to maintain continuous Membership, the warranty thereafter becomes void.

The 2-year and 5-year Warranties are collectively referred to as the Warranties or a Warranty.

### **Please note:**

The warranties **DO NOT** include accidents that could also break the normal healthy tooth, patient failure to follow through on recommended treatment, care or follow-up or subsequent decay resulting from oral hygiene issues. If a night guard is part of your treatment plan, it must be made in our office, worn nightly, and be brought to each visit to maintain a valid warranty. The warranty does not include items not mentioned above such as root canals, over the counter products including night guards, nor does it cover damage to teeth or dental restoration caused by accident, trauma, neglect, or improper use (i.e., biting non-food items such as ice, fingernails, pencils or ETC).

### **SPECIAL NOTIFICATION TO PATIENT AND MEMBERSHIP PLAN PARTICIPANT**

This Membership Plan is not an insurance plan, Court Street Dental is **NOT** a licensed insurer, health maintenance organization, or other underwriter of health services and is not acting as such.

**THE FEES OUTLINED IN THE DENTAL SAVINGS PLAN MEMBERSHIP PROGRAM FEE AND OTHER ESTABLISHED FEES BY COURT STREET DENTAL ARE NON-REFUNDABLE.**

**ALL PLAN ENROLLMENT FEE ARE DUE AT THE TIME OF ENROLLMENT.**

**ALL TREATMENT FEES ARE DUE AT THE TIME OF TREATMENT UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE WITH COURT STREET DENTAL AND/OR DR. BEEREN GAJJAR FAILURE TO MAKE PAYMENT, WITHOUT A PRIOR ARRANGEMENT IN WRITING WILL BE A MATERIAL DEFAULT UNDER THE TERMS OF THE MEMBERSHIP AND AUTOMATICALLY TERMINATE THE MEMBERSHIP, IN SUCH EVENT, THE**

TERMINATED MEMBER SHALL NOT BE ENTITLED TO ANY REFUND, WHOLE OR PARTIAL, OF THE ENROLLMENT FEES PREVIOUSLY PAID,

AN ADDITIONAL FEE **\$50** WILL BE CHARGED FOR ANY MISSED, CANCELED OR BROKEN APPOINTMENT WITHOUT **24 HOURS** PRIOR NOTICE. PRIOR NOTICE MUST BE MADE BY CALLING THE OFFICE, SPEAKING WITH OFFICE MEMBER OR/AND EMAILING THE OFFICE WITH INTENT TO CANCEL OR REQUEST TO RESCHEDULE THE APPOINTMENT AT LEAST TWENTY-FOUR (24) HOURS PRIOR TO YOUR SCHEDULED APPOINTMENT TIME.

THIS PLAN IS NON-TRANSFERABLE BY PATIENT.

THIS PLAN CANNOT BE COMBINED WITH ANY OTHER INSURANCE, DENTAL PLAN, COUPON OR DISCOUNT.

FAILURE TO COMPLY WITH THE TERMS OF THE PLAN MAY RESULT IN TERMINATION OF THE PLAN AND FORFEITURE OF ANY FEE PAID BY PATIENT OR OTHER THIRD-PARTY.

COURT STREET DENTAL RESERVES THE RIGHT TO REFUSE TREATMENT AND/OR TERMINATE THE PATIENT'S PARTICIPATION IN THIS PLAN WITH **30 DAYS'** WRITTEN NOTICE IF THE PATIENT IS NON-COMPLIANT.

THIS PLAN MAY BE MODIFIED, AMENDED OR CANCELED AT ANY TIME WITH **30 DAYS** WRITTEN PRIOR NOTICE AND MAY BE SUBJECT TO OTHER TERMS AND CONDITIONS.

PLAN PARTICIPANTS ARE RESPONSIBLE FOR SCHEDULING THEIR RECOMMENDED TREATMENTS, FOLLOW-UP AND SERVICES. BENEFITS AT THE END OF EACH MEMBERSHIP PERIOD CAN NOT BE CARRIED OVER TO THE FOLLOWING YEAR.

ALSO, DISCOUNTS APPLY ONLY TO SERVICES RENDERED BY COURT STREET DENTAL DOES NOT INCLUDE TREATMENT OR SERVICES PROVIDED ELSEWHERE EVEN IF YOU ARE REFERRED TO A SPECIALIST.

THE PARTIES HERETO AGREE THAT ANY ACTION SUIT, OR PROCEEDING SEEKING TO ENFORCE ANY PROVISION OF, OR BASED ON ANY MATTER ARISING OUT OF OR RELATING TO, THIS AGREEMENT OR THE TRANSACTIONS CONTEMPLATED HEREBY CAN ONLY BE BROUGHT IN THE STATE OF NEW YORK, KING COUNTY AND EACH OF THE PARTIES HERETO HEREBY CONSENTS TO THE JURISDICTION OF THE SUCH ACTION, SUIT, OR PROCEEDING AND IRREVOCABLY WAIVES, TO THE FULLEST EXTENT PERMITTED BY LAW, ANY OBJECTION THAT IT MAY NOT OR HEREAFTER HAVE TO THE LAYING OF THE VENUE OF ANY SUCH ACTION, SUIT, OR PROCEEDING IN ANY SUCH COURT OR THAT ANY SUCH ACTION, SUIT, OR PROCEEDING THAT IS BROUGHT IN ANY SUCH COURT HAS BEEN BROUGHT IN AN INCONVENIENT FORUM. THE PREVAILING PARTY IN SUCH ACTION SHALL BE ENTITLED TO RECOVER REASONABLE LEGAL FEES AND COSTS INCURRED IN CONNECTION THEREWITH.

## Membership Application Form:

### **Court Street Dental Membership Benefits:**

No Annual Maximum

No Pre-Authorization

No Waiting Period

No Limitation

No Deductibles

\$20 credit for referral to Membership: referrals must sign up for a plan for credit.

Adult Membership: 13yrs and up

Per Adult: \$600

Child Membership: 0 - 12 years old

Per Children: \$350

Membership cost: \$\_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Court Street Dental In office use:

Staff Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

## **Preventive:**

Exams: 2 per year (or calendar year)

**Comprehensive Oral Exam:** New or Established Patient who has had significant changes in health conditions or other unusual circumstances. The comprehensive oral examination is a thorough evaluation and recording of extra oral and intraoral hard and soft tissues. The comprehensive oral examination may also require interpretation of information acquired through additional diagnostic procedures

\*Also applies to established patients who have been absent from active treatment for three or more years

**Periodic Oral Exam:** An examination performed on a patient who had previously completed a comprehensive oral examination in order to determine changes from previously examined patient's dental health since the last assessment, whether a comprehensive or periodic oral examination. Periodic oral examinations include, but are not limited to, oral cancer screening or oral cancer evaluation, periodontal screening, or review and interpretation of any information obtained from among a list of several assessments related to the patient's current oral health.

**Limited Oral Exam:** An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures, if necessary.

**X-ray Films:**

**Full Mouth series x-rays (FMX):** A full set is required every 3 to 5 years based on a diagnostic, which is recommended by the provider or licensed hygienist and for every new patient.

**Intraoral (P.A):** Periapical first radiographic image (P.A): A intraoral image is a singular image taken mainly to focus on a single tooth representing a specific area or surface of the tooth. An additional intraoral periapical image taken is considered an additional peri-apical (PA) x-ray.

\* A radiographic survey of the whole mouth, usually consisting of 14-22 periapical and posterior bitewing images intended to display the crowns and roots of all teeth, periapical areas and alveolar bone

Bitewing Radiographic Images (BWs): 1 A bitewing radiograph image is an x-ray film which consists of an image of the upper and lower arch per side and represents only the area or surface of the tooth. BW's are limited to a maximum of 4 bitewing films.

### **Basic:**

Sealant: A sealant is due to deep anatomy of the groove which are trapping food and could lead to occlusal and buccal caries. This procedure also helps with discomfort and poor oral hygiene.

Restorative (Fillings): A restorative filling is used to restore a damaged tooth back to its normal shape and/or function and prevents further decay. A filling is recommended by the dental professional after reviewing radiographic images and the material used for fillings include composite resin and porcelain.

Scaling & Root Planing (SRP): A scaling and root planing is usually the first steps in an ongoing process to stop the destruction of periodontal disease and to keep the disease under control. The scaling helps remove plaque and calculus from these surfaces and is therapeutic in nature. Teeth scaling and root planning might take more than one visit and could require a local anesthetic based on the severity of disease and if you have receding gums.

\* A night guard is highly recommended after the scaling and root planing.

Periodontal Maintenance: This procedure follows periodontal therapy which continues the removal of tartar buildup from teeth and gums and maintains and prevents periodontal disease and other treatments.

Palliative Treatment (Emergency Visit): A palliative treatment is for a patient with dental pain and needs to relieve pain but is not a curative service. Palliative treatment is in conjunction with a periapical radiographic image

### Major Treatment:

- Root Canal - Veneer
- Dental Crown - Dental Bridge Work
- Oral Surgery: Extraction - Bone Graft
- Implant
- Orthodontics
- Denture

