

# Stasny Dental

## Dental Savings Program Agreement

This agreement between Stasny Dental (“Dentist”) and \_\_\_\_\_ (“Patient”) is established on \_\_\_\_\_, 20\_\_\_\_ and will expire on \_\_\_\_\_, 20\_\_\_\_. For this period of 12 months, Stasny Dental is pleased to offer the following benefits for the annual membership fee (specified below):

- ✓ Two complete professional “6 months” cleanings (not including periodontal treatment).
- ✓ Two continuing care exams with hygiene visits.
- ✓ Preventive Fluoride applications with hygiene visits for patients under age 18.
- ✓ One complete annual required x-ray series (bitewings or full mouth series only).
- ✓ One emergency visual exam or office call per year.
- ✓ 15% savings on all non-elective general dentistry procedures, including treatments for periodontal disease.
- ✓ 15% savings on all purely elective cosmetic dentistry procedures, including Porcelain Veneers.
- ✓ 15% savings on all dental products including bleaching and sonic toothbrush.
- ✓ No “maximums”, no “waiting periods”, no “exclusions”, no “red tape”.

Savings based on payment in full. Savings not available with financing, such as Care Credit.

I, \_\_\_\_\_, do hereby understand the policies and limitations of the Stasny Dental Healthy Mouth Program. Furthermore, I understand the office policies of Stasny Dental and agree to them.

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Patient signature



6101 Long Praire Rd suite 752  
 Flower Mound, TX 75028  
 (972)691-0885  
 www.stasnydental.com

**Name:** \_\_\_\_\_  
 Last First MI

**Address:** \_\_\_\_\_  
 Street  
 \_\_\_\_\_  
 City State Zip code

**DOB:** \_\_\_\_\_

**Phone:** Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Dependents:	Name	DOB	Relation
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

**Enrollment Fee:** Effective Date: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

Patient	Fee	Number	Total
Member	\$255	X _____	\$ _____
Spouse	\$255	X _____	\$ _____
Dependents (age 13 and over)	\$255	X _____	\$ _____
Dependents (13 and under)	\$230	X _____	\$ _____

## **Plan Description**

Welcome to the Stasny Dental Savings Program. This plan was developed especially for patients who do not have dental insurance or whose employer no longer provides it. As regular dental visits are an integral part of your overall health, we have created this plan to support you and your efforts. We hope that you utilize this plan to improve and maintain the oral health for yourself and your family for years to come. Keep in mind that this plan is not dental insurance, but it has a number of great features that are very exciting.

- ✓ No annual maximum benefit
- ✓ No waiting periods
- ✓ No deductibles
- ✓ No claim forms or pre-authorizations
- ✓ No ID card necessary

## **Benefits Included**

- ✓ Two routine exams
- ✓ Needed x-rays, full mouth series or bitewings
- ✓ Two routine cleanings
- ✓ Two topical fluoride applications for patients under age 18
- ✓ One emergency exam
- ✓ 15% off all dental treatment not listed above

## **Enrollment Fees**

Payment of enrollment fees initiates coverage. When paid in full, you become eligible for all covered services at a discount.

Single Members	\$255
Spouse	\$255
Dependents 13 and over	\$255
Dependents 13 and under	\$230

## **How To Enroll**

- ✓ Complete the Enrollment Application
- ✓ Pay the enrollment fee in full to activate membership

## **Contact Us**

Please don't hesitate to contact us if you have any questions about enrollment, covered services, eligibility, or our office. For additional information, please call our office at (972) 691-0885 or visit our website at [www.stasnydental.com](http://www.stasnydental.com).

Please bring completed applications and enrollment fees to our office or mail to our address.

## **Policies and Exclusions**

### **Eligibility**

- ✓ This plan is only valid at Stasny Dental.
- ✓ This in-office discounted plan is not dental insurance.
- ✓ To be an independent member, you must be 18 or older and a resident of the state of Texas.
- ✓ Your eligible dependents include your spouse and your children through the age of 25.
- ✓ This plan cannot be combined with any other dental insurance.
- ✓ This plan cannot be combined with any other offers.
- ✓ If the patient has and elects to use dental insurance then insurance plan fees, payments, and deductibles will apply.
- ✓ All patients are subject to Stasny Dental office policies.

### **Payments**

- ✓ All payments are due at the time of services to receive the discount. Any services that are not paid in full at the time of service will be billed at our regular fees.
- ✓ Enrollment fees must be paid in full to receive discounts.
- ✓ All payments are nonrefundable.
- ✓ No refunds will be given if a member an/or spouse or children do not use the plan, relocate, or obtain dental insurance.
- ✓ 12-month term is effective from sign up date to renewal date.

## **Exclusions**

- ✓ Plans and fees are subject to change yearly.
- ✓ No discount will be offered for services requiring a referral to a specialist.  
Referral to a specialist is at discretion of the doctor.
- ✓ Should treatment be needed following an injury or 3<sup>rd</sup> party outside insurance is involved, the discount cannot be used.
- ✓ Treatment initiated prior to enrollment is not eligible for discount.
- ✓ Prostheses delivered or in-progress treatment completed more than 60 days after termination of coverage is not eligible for discount.
- ✓ Treatment fees are guaranteed for 3 months from the date quoted by the office
- ✓ Stasny Dental reserves the right to discontinue this plan for any member at any time.
- ✓ Two no-shows or cancellations without 24-hour notice can lead to you being dropped from this plan without a refund.
- ✓ 15% discount is not available with financing such as Care Credit.

## **Discounts**

### **General services:**

Fillings	15%
Crowns	15%
Bridges	15%
Veneers	15%
Root Canals	15%
Dentures	15%
Removable Partial	15%
Extractions	15%

## Example of Savings:

	<u>Regular Fee</u>	<u>Savings Plan Fee</u>
Initial complete exam	\$64	\$0
Periodic exam	\$43	\$0
Complete series of x-rays	\$101	\$0
4 bitewings	\$48	\$0
Adult cleaning (first two)	\$81	\$0
Additional cleanings	\$81	\$69
Child cleaning	\$61	\$0
Fluoride treatment (under 18)	\$31	\$0
Sealant	\$47	\$39
Two surface tooth colored filling	\$210	\$178
Porcelain crown	\$1012	\$860
Porcelain Veneer	\$921	\$782
Molar root canal	\$936	\$795
Complete denture	\$1302	\$1106
Scaling & root planning	\$193	\$164

Stasny Dental realizes that patients want transparency with fees. Please ask us if you want a fee for a procedure that is not listed above.