



**Pearls Dental Premier Dental Program (PDP2010)**  
 Registration and agreement form  
 (10% off preregistration until December 2009)

Today's Date

Primary member information (Parent/Guardian of minor members)						
Name		Age	Date of birth		SSN	
Mobile Phone		Home Phone		email		
Address					How did you hear about PDP	
Members	Names	Relationship to subscriber	Age	Birth date	Plan cost per year per member	Office use only
Member 1					\$324	
Member 2					\$300	
Child (under 18)					\$204	
Child (under 18)					\$132	
Additional					\$250	
Additional					\$250	
Additional					\$250	
Additional					\$250	
Total						

**Cancellation**

Following registration, you have three days to cancel the plan for a full refund. However if you choose to receive any services prior to the end of 3 days, you may not cancel thereafter.

**Benefits**

Most dental insurance plans only provide benefit that is the least expensive treatment option. As a PDP member, you have the freedom to decide the best treatment option for your needs.

**Each PDP member receives the following benefits**

Annual maximum	<b>\$25,000.00</b>
Deductible	<b>None</b>
Restrictions	<b>None</b>
X-rays	<b>100% covered</b> (No limits)
Exam and Basic cleaning (prophylaxis)	<b>100% covered</b> (Once every 4 months)
Emergency exam	<b>Up to 3 occurrences per year</b>
<b>Orthodontia</b>	\$1000.00 (per incident) Comprehensive and Invisalign only other orthodontic services per fee schedule
<b>Routine services</b>	Per fee schedule (Up to 50% off usual fees)
<b>Adjunct services</b>	Per fee schedule (Up to 50% off usual fees)
<b>Cosmetic dentistry</b>	Per fee schedule (Up to 25% off usual fees)

\*co-payments will be collected at the time services are provided. Fee schedule provided for member's reference, represents patient portion after applicable plan benefits, for all procedures, including orthodontia and implants. Implant and orthodontic fees may vary on a case by case basis. Fee schedule applies to **routine** services provided by general dentist, in office. Procedures including implants and orthodontia are covered according to the agreement. Procedures with \$0.00 are not covered unless otherwise mentioned in the agreement. Although there is no restriction on frequency of services covered by the plan, procedures will not be repeated unless indicated or for reasons that may be considered reasonable at the discretion of the provider.

By signing below, I acknowledge, I have received copies of complete agreement along with the PDP fee schedules.

Subscriber signature	Office use	
	Effective date	Expiration date (One year from effective date)

## PDP2010 Terms of agreement

### Plan fees

Type	Cost per member/per month	Member descriptions
Individual	\$27.00	Single adult or child under 18 as the only subscriber
Family of 2	\$26.00	2 adults or 1 adult and 1 child under 18 or 2 children under 18 or siblings regardless of age
Family of 3	\$23.00	2 adults and 1 child under 18
Family of 4	\$20.00	2 adults and 2 children under 18 years

Plan fee is charged yearly. 3<sup>rd</sup> party financing available. Finance charges will be added as applicable.

### Members

Up to 8 dependent members can be added on each PDP agreement. Additional family members may be primary member's children, grand children or siblings under 18 years old, parents, grandparents.

### Renewal fee

At the end of the term, if a member discontinues and re joins the plan after a lapse, a re-activation fees of \$50 per member will be added.

### Limitation on liability

If for any reason Pearls dental is unable to provide benefit services according to this agreement, your right to remedy the situation shall not exceed the individual member's plan fee, minus fee for services already received during the term of the plan. Any unused benefits will expire at the end of the term.

Any procedure started during the PDP term, may continue beyond the plan expiration date. It is not required to extend the plan, simply to complete a procedure already started. However, if new treatment procedure is needed, it will not be covered under the plan after the expiration date, even though the procedure was planned prior to the end of the agreement term. For the purpose of this agreement, a procedure is considered "started", when either the treatment has commenced or the payment is made towards the procedure. Discussion between provider and member regarding the patient's dental problems and creating list of procedures (also called treatment plan) shall not be considered as start of a procedure.

### PDP as a secondary dental plan (Not applicable if PDP is your only dental plan)

If a person has a primary dental insurance from a commercial carrier ( e.g. MetLife, Dental, Aetna etc. ) they can also participate in the PDP agreement and receive additional benefits or cover procedures not covered by their primary insurance plan.

Member can select PDP or their commercial insurance plan, whichever is more beneficial for the recommended treatment procedure. Member will be responsible for appropriate co-payment according to the agreement of the selected plan.

If the benefit receivable by the member is same, between both plans, Pearls dental may choose the plan, from which benefits will be used for such procedures, unless member chooses one plan over the other. Under no circumstances will the benefits from two plans will be combined for any procedure per incident.

### Specialist fees

A treatment may be referred to an in-house specialist, if available, only at the discretion of the general dentists providing services for the plan members. If a specialist service is indicated, specialist fees will be additional according to the table below. Treatment plan and applicable specialist fees, if any, will be explained to members prior to treatment. If patient does not consent to the specialist fees, treatment will not be provided under this plan and the member will be referred to a specialist of his/her choice. Members may also elect to receive services from an in house specialist or an outside specialist, at his/her own discretion; in such case, the treatment costs for those services will not be covered by the plan.

Specialist type	Additional fee	Frequency
Pediatric dentist (children's dentist)	\$100.00	Hourly
Orthodontist (Comprehensive, Invisalign)	None	Up to 24 months
Orthodontist (Other procedures)	\$100.00	Hourly
Oral Surgeon	\$100.00	Hourly
Prosthodontist	\$100.00	Hourly
Endodontist	\$100.00	Hourly
Periodontist	\$100.00	Hourly
General anesthesiologist	As applicable	
Hospital usage charges	As applicable	

### Service location

Services under PDP are provided at Pearls Dental, 1 union street # 205, Robbinsville, NJ 08691. If there is a need to relocate our office, PDP administrators reserve the right to provide services under this plan, at a facility that may be located within approximately five mile radius.

### Appointments

Every effort will be made to schedule you as soon as possible. You will get a time and date that is within two weeks from the time we hear from you, this is not a guarantee, it's our goal. Emergencies will be seen same day during regular office hours. The primary purpose of the emergency visit is to isolate pain/discomfort/initiate infection control and schedule for treatment, if indicated. If appointments are not cancelled or rescheduled 24 hours in advance, there will be a \$20.00 charge for missed appointments.

Subscriber signature	Office use	
	Effective date	Expiration date (One year from effective date)