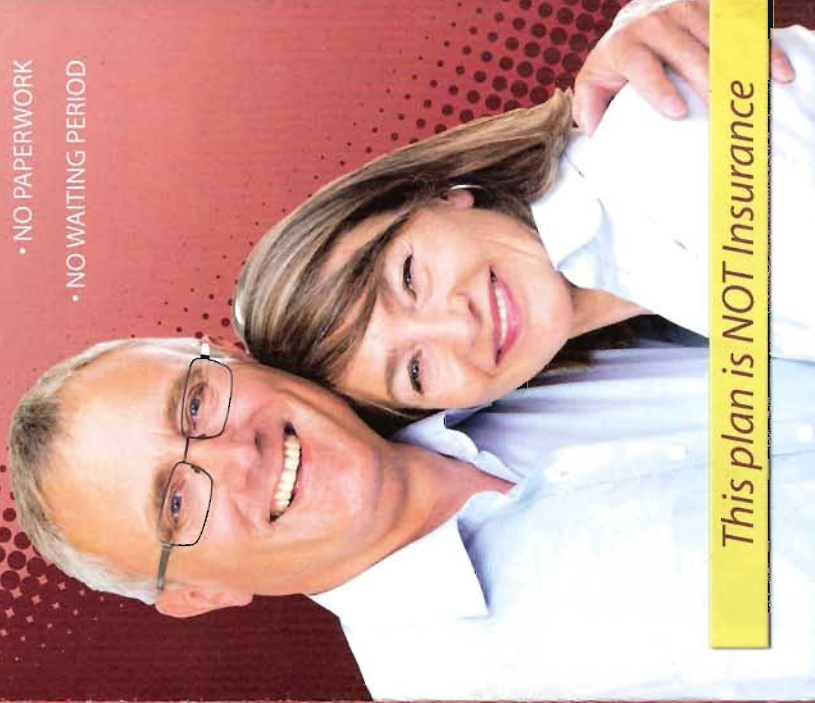


# Select Courtesy

## DENTAL PLAN



- INSTANT SAVINGS
- NO AGE LIMIT
- NO PAPERWORK
- NO WAITING PERIOD



This plan is NOT Insurance

### Disclosures to Consumers:

This courtesy dental plan is not dental health insurance. Membership in this program entitles you and your family to discounts for certain dental procedures and services by providers who have agreed to participate in this discount program. This program does not make payments directly to the providers of dental services. The program members are obligated to pay for all dental healthcare services, but will receive a discount from those healthcare providers who have contracted with this discount program.

# Select Courtesy

## DENTAL PLAN

Medident US, INC.  
 4001 - D West Lincoln Dr.  
 Marlton, NJ 08053  
 (856) 983-9300

Complete and detach this form. Send application to address on other side.

## Select Courtesy Dental Plan Application

Membership #

Office use ONLY!

First Name  MI  Last Name

Date of Birth of Applicant  Male / Female  Residence or Work Telephone  Alternate Telephone

Mailing Address  Apt. #

City  State  Zip

First Name	Last Name	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address

Household Members **Members Information**

The Select Courtesy Dental Plan is not dental insurance. It is a discounted fee plan that services the budgetary needs of the Dental Choice, P.C. patient families that currently have no insurance or whose employers do not offer dental insurance. It is best not to be used in conjunction with another insurance plan or discounted dental plan. All fees for non-cosmetic procedures not listed will be given a 25% courtesy of the usual and customary fees of the Dental Choice, P.C. organization.

The yearly cost of the plan per Adult Family Member \$35.00 per year Commitment  
 \$30.00 per year for 2 year Commitment – \$60.00  
 \$25.00 per year for 5 year Commitment – \$125.00  
 (Adult defined as any family member 18 years or older)

- NO LIMIT ON VISITS OR SERVICES
- ONGOING DENTAL PROBLEMS ARE ACCEPTED, EXCEPT DENTAL IMPLANTS AND ORTHODONTIC TREATMENTS IN PROGRESS
- INSTANT SAVINGS
- NO AGE LIMIT
- NO PAPERWORK
- NO WAITING PERIOD



Sample General Dentist Procedures*	Dental Office Fee	Select Courtesy Fee**	Select Savings Up To
<b>Procedure Diagnostic</b>			
0120 Periodic Exam	\$43.00	\$20.00	53%
0150 Comp. Exam	\$69.00	\$35.00	51%
0274 Bite Wing 4 - X-rays	\$53.00	\$25.00	52%
<b>Preventive</b>			
1110 Adult Prophy (11yrs +)	\$74.00	\$35.00	52%
1120 Child Prophy	\$53.00	\$30.00	45%
1204 Fluoride Tx Child/Adult	\$30.00	\$20.00	10%
1351 Sealant	\$42.00	\$25.00	40%
<b>Restorative</b>			
2330 1-anterior Resin	\$116.00	\$75.00	40%
2391 1-posterior Resin	\$163.00	\$70.00	60%
<b>Major Restorative</b>			
2740 Porcelain Crown	\$945.00	\$539.00	40%
2642 2- Porc. Onlay	\$945.00	\$539.00	40%
<b>Periodontal (Gums)</b>			
4341 Scaling and Root planning	\$205.00	\$75.00	60%
4910 Periodontal Maintenance	\$116.00	\$37.00	65%
<b>Endodontal Treatment</b>			
3320 Premolar Root Canal	\$735.00	\$450.00	40%
<b>Oral Surgery</b>			
7140 Extraction (simple)	\$105.00	\$70.00	40%
<b>Cosmetic Procedures</b>			
Whitening Boost 30 Min.	\$375.00	\$150.00	60%
Crest White Strips	\$150.00	\$100.00	40%
SoniCare Tooth Brush	\$135.00	\$60.00	55%

\* Current Dental Terminology  
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For questions or concerns please call (856) 983-9300

Select Courtesy Dental Plan

- Annual Fee:
- \$35.00 (per year)
  - \$60.00 (\$30.00 per year for 2 year commitment)
  - \$125.00 (\$25.00 per year for 5 year commitment)

I want to pay my annual fee by:

Cash / Check: Make checks payable to Medident US, INC. and send cash or check to:  
 Medident US, INC.  
 4001 - D West Lincoln Dr.  
 Marlton, NJ 08053

Credit Card:  Visa  Master Card  Discover  American Express

Card #

Expiration Date

Medident US, INC.  
 4001 - D West Lincoln Dr.  
 Marlton, NJ 08053  
 (856) 983-9300

TOTAL AMOUNT DUE: \$ 00.

Cut along dotted line and send in

Signature for Credit Card

X