



## QDP INCLUDED BENEFITS

QDP is an annual reduced-fee savings plan for families and individuals that allows all QDP Members to receive quality dental services at greatly reduced prices. Unlike conventional insurance plans, with QDP there are **no deductibles, no yearly maximums, and no waiting periods to begin treatment**. QDP benefits coverage begins immediately on plan registration.

Benefits include:

- Free simple teeth cleanings (up to two per year).
- Free complete annual dental exam (up to two per year)
- Free necessary x-rays for complete annual exams
- A 15% discount on all dental procedures
- Two free fluoride treatments for children under 19 years of age
- Free annual adult fluoride treatment
- Waiver of Limited Exam Fee if treatment is done that day

A QDP Membership is \$369.00 for an initial plan member... and only \$319.00 for each additional family member; which represents an additional savings of \$50.00 per member. Eligible family members include spouse and dependent children under the age of 19 (up to age 23 if dependent child is a full-time student).

All QDP Membership fees are due and payable at the time of registration and are non-refundable. Plan duration is for one year from registration date. All patient portions for services received are due at time of services in order to receive benefits.

The simple cleaning benefits, included in the QDP membership, will be applied to the costs of Periodontal Maintenance cleanings, if this treatment is needed. The difference in cleaning fees will be your responsibility at the time of service. All members of a QDP family account will have the same anniversary date as the primary member. Interest-free payment plans of 3, 6 and 12 months duration are available on request with approved credit. Repayment duration is based on service totals. When a payment plan is used, your QDP Member Savings will be 5% upfront and you use the remaining 10% to receive interest free payment options.

Please notify our office at least 48 hours in advance if you must change a scheduled appointment.



For more information about QDP, please visit our website and click on the **Quality Dental Plan** tab located on the left menu bar. You can also scan the QR code to the left with your smart phone to be taken directly to the web link on our site.

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Birth Date \_\_\_\_\_ Employer \_\_\_\_\_

**List covered dependants:**

Name	Birth Date	Relationship

Quality Dental Plan – Total Amount Due \_\_\_\_\_

**Payment Method:**

- Cash
- Check
- Credit Card # \_\_\_\_\_ Exp date \_\_\_\_\_

Card Type: MasterCard/Visa

Signature \_\_\_\_\_

**Please read and sign below:**

Quality Dental Plan offers significant discounts on dental services. I understand the benefits, limitations, exclusions, and requirements of this plan and agree to the following:

Fees for dental services are due when rendered. Fees for prosthodontic (dentures) and cast restorations (crowns, inlays, onlays, veneers) are due at the preparation/impression visit. If you choose not to pay at the time of service you will be billed our usual and customary fees for such services.

Signature \_\_\_\_\_ Date \_\_\_\_\_