

Membership Application

Enrollment Instructions:

Complete the following application for membership and return it with the first month's membership fees to:

**4400 S. Limit
Sedalia, MO 65301
Tel 660-826-0448**

**Charles Kimes, DDS Ian Krusich, DDS
8700 W. 151st
Overland Park, KS 66223
Tel 913-647-8700 Fax 913-647-8701**

**8100 Marty, Suite 111
Overland Park, KS 66204
Tel 913-341-2380**

Primary Member Information:

LAST NAME		FIRST NAME		MI	SOCIAL SECURITY NUMBER	
STREET ADDRESS					DATE OF BIRTH	
CITY			STATE	ZIP CODE	AREA CODE & PHONE NUMBER	

Dependent Information: (List all eligible dependents you wish to cover below)

	LAST NAME	FIRST NAME	MI	RELATIONSHIP	DATE OF BIRTH
1					
2					
3					
4					
Additional					

Coverage Information:

Authorization for Pre-Arranged Payments

- COVERAGE TYPE:
- SINGLE (\$ 39.00 per month)
 - COUPLE (\$ 63.00 per month)
 - FAMILY (\$ 89.00 per month)

(there is a \$3.00 fee for every credit card transaction)

Monthly Bank Draft (include voided blank check with application)

Bank Name/Address _____

Bank Routing Code # _____

Bank Account # _____

I have read and understand the terms and conditions of the Overland Park Dentistry Private Dental Plan as listed on the back of this form and hereby request membership. I also understand that the membership fees indicated above constitute acceptance for membership in the Overland Park Dentistry Private Dental Plan for the twelve (12) months beginning on the date that the application is actually received and approved. I hereby request and authorize Dental Practice Services, Inc. (DPS) to deduct a monthly membership fee from my account with the financial institution named above on the 5th of each month or the first business day thereafter. This authority shall remain in effect for the minimum twelve month period and thereafter until revoked by me in writing and until said notice is actually received. I agree that DPS shall be under no liability whatsoever upon processing these payments in accordance with the terms.

X

Applicant Signature

Date

For Office Use Only

IDENTIFICATION NUMBER	1 st BILLDATE	APDATE	EFDATE	ENCFEE
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Terms and Conditions:

- The discounted fees associated with the Overland Park Dentistry Private Dental Plan are reduced fees for services performed by Charles Kimes, DDS and in no way qualifies as a dental insurance program.
- The discounts associated with the Overland Park Dentistry Private Dental Plan are only available through Charles Kimes, DDS and are not available at other dental facilities.
- The monthly membership fees are to be paid for a minimum twelve (12) month period beginning at the date the application is actually received and approved and fees are non-refundable. Unless waived by the dentists, membership will automatically renew on the anniversary date and continue thereafter until cancelled, in writing.
- Membership eligibility is defined as applicant, applicant's legal spouse, and any non-married children, under the age of 21, still living in the household as a full-time student.
- Any additional dependents after four (4) dependents will have an additional surcharge of \$18 per month per dependent.
- Fees and plan discounts are subject to change without notice.
- If Charles Kimes, DDS or an associate refers you to a specialist, it is your responsibility to verify the specialist's participation in the Overland Park Dentistry Private Dental Plan. Services provided by participating specialists, where available, will be provided at a 15% discount. Specialist services include Oral Surgery, Orthodontics, Endodontics, Periodontics and Pedodontics. It is the member's complete responsibility to verify the dentist's participation in the Overland Park Dentistry Private Dental Plan and all discounts provided.
- Missed or broken appointments without 24-hour notice will be charged \$50.
- All member co-payments are due at time of service.
- Membership in the Dental Plan may be terminated for abuse and/or failure to pay membership fees or properly billed dental charges.
- The Overland Park Dentistry Private Dental Plan is administered solely by the dental office and may be discontinued at the end of any month with or without notice.
- Unless prior signed financial arrangements have been made, the fee is due, in full, the day of the service. No balances shall be carried by this dental office for more than 60 days after the dental services have been rendered. For this office to accept the Dental Plan or to offer payment plan, patient will be subject to a credit evaluation. If the account is sent to a collection agency, or to an attorney for non-payment, patient will be responsible for the collection fees, attorney fees, and accruing interest in addition to the unpaid balance.

Plan Limitations:

- Dental Plan benefits are limited to a maximum of \$1200 per each covered family member per membership year.
- Dental Plan benefits are not applicable until three (3) months after the initial date of plan acceptance except for Type I services.
- Prophylaxis is limited to once every six (6) months. A difficult prophylaxis (i.e. heavy smoker, neglected teeth, etc.) is subject to Type II periodontal disease treatment charges.
- Fluoride treatments are limited to once every six (6) months per member up to age 19.
- Denture relines are limited to once per calendar year.
- A denture, bridge, or other appliance installed under the OP Dentistry Private Dental Plan can be replaced only once during the five (5) year period after the original installation. A denture, bridge, or other appliance can be replaced only if it is unsatisfactory and cannot be made satisfactory by a reline or repair.
- All covered replacements are subject to the co-pay percentages as listed in the Schedule of Services and the private fee schedule of Charles Kimes, DDS.

Plan Exclusions:

- Any dental procedure in progress is excluded (i.e. teeth prepared for crowns, root canals in progress, etc.).
- Any dental procedure performed either before or after a member's eligibility period is excluded.
- Any dental expense incurred if the dentist is unable to perform a procedure due to the member's general health or physical condition is excluded (i.e. patient physically unable to visit the dentist's office, etc.).
- Replacement of a satisfactory filling is excluded.
- Any dental service provided to the member by state government or agencies thereof, or services provided without cost to the member by any municipality, county, or other subdivision is excluded.
- Bleaching of teeth for cosmetic purposes only is excluded.
- Replacement of lost or stolen dentures, bridgework, partials, or appliances is excluded.
- Any dental procedure, appliance, or restoration to correct congenital, developmental, or medically induced dental disorders, including but not limited to, treatment of myo-functional, myo-skeletal, or temporomandibular joint dysfunction (TMJ) is excluded.
- Any dental procedure related to injuries, which are intentionally self-inflicted or beyond the control of Charles Kimes, DDS is excluded.
- Any dental procedure not listed as a covered service, including but not limited to, general anesthesia, the services of an anesthesiologist, prescription medications, nitrous oxide, implants, treatment required by reason of war, hospital and medical charges of any kind, surgery of fractures and/or dislocations, trauma to the mouth, emergency office visits, and the treatment of malignancies, is excluded.
- Coordination of Overland Park Dentistry Private Dental Plan benefits with other dental plans or insurance plans is excluded.