

LOSING YOUR DENTAL INSURANCE? WE CAN HELP



POELMAN **MEMBERSHIP PLAN**

NO DEDUCTABLE, NO MAXIMUM ALLOWANCE



Gordon W. Poelman
DDS, Inc.
Family, Cosmetic and Implant Dentistry

SIGN UP AND START SAVING TODAY!

Poelman Membership Plan is a dental savings plan run by our office to help promote good dental health...while making quality family and cosmetic dentistry more affordable.

Choose the plan that fits your needs. Pay the yearly membership fee and receive regular preventive care at no cost and fee reductions on any recommended treatment.

Who can join? Anyone without dental insurance!

SIGN UP THE WHOLE FAMILY AND START TODAY.

POELMAN MEMBERSHIP PLAN **BASIC**

Poelman Membership Plan is an annual reduced-fee savings plan for families and individuals without dental insurance coverage that allows all Members to receive quality dental services at greatly reduced prices. Unlike conventional insurance plans, with PMP there are no deductibles, no yearly maximums, and no waiting periods to begin treatment. PMP benefits coverage begins immediately on plan registration.

Benefits include:

- Up to **two** standard teeth cleanings with fluoride applications per year (\$258 value)
- Up to **two** complete dental examinations with oral cancer evaluations (\$158 value)
- Digital Images for annual exam (\$79 value)
- A **20%** reduction in fees on all dental procedures
- A **50%** reduction in fees on sealants up to age 18
- A **50%** reduction in fees on custom bleaching trays

The Poelman Membership Plan **Basic** fee is **\$525** for an initial plan member and only **\$495** for each additional family member. Eligible family members include spouse and dependent children under the age of 19 (up to age 23 if the dependent child is a full-time student). All Plan membership fees are payable in full at the time of registration and are non-refundable. Plan duration is for one year from the registration date.

Please notify our office 48 hours in advance, if you must change a scheduled appointment. A missed appointment fee of \$100 will be charged for all missed dental appointments.

_____initial

Exclusions and Limitations

- Demonstrated non-compliance with recommended course of treatment.
- Services which Dr. Poelman does not deem necessary or recommended for the patient's dental health.
- Restoration, splints or other appliances used to restore or maintain occlusion or for treatment of disturbances of the temporomandibular joint.
- Dispensing of drugs not normally supplied in a dental office.
- Loss or theft of dentures or bridgework.
- Lost or broken appliances.
- Services for injuries or conditions which are covered under Worker's Compensation or Employer's Liability Insurance.
- Periodontics, Endodontics, Oral Surgery or Pedodontics requiring the services of a non-participating dentist or any procedures performed in a hospital.

PMP participants cannot use any other dental coverage in conjunction with this plan and cannot be used with any other discounts. It is the participant's responsibility to schedule preventative care and recommended treatment before expiration of the benefit year.

I understand and agree to abide by terms and conditions of the Poelman Membership Plan.

Print_____Signature_____

Start Date_____End Date_____

POELMAN MEMBERSHIP PLAN **PREMIUM**

Poelman Membership Plan is an annual reduced-fee savings plan for families and individuals without dental insurance coverage that allows all Members to receive quality dental services at greatly reduced prices. Unlike conventional insurance plans, with PMP there are no deductibles, no yearly maximums, and no waiting periods to begin treatment. PMP benefits coverage begins immediately on plan registration.

Benefits include:

- Up to **four** standard teeth cleanings with fluoride applications per year (\$516 value)
- Up to **two** complete dental examinations with oral cancer evaluations (\$158 value)
- Diagnostic digital images for annual exam (\$79 to \$160 value)
- A **25%** reduction in fees on all dental procedures
- A **50%** reduction in fees on sealants up to age 18
- A **50%** reduction in fees on custom bleaching trays

The Poelman Membership **Premium** Plan fee is **\$800.00** for an initial plan member and only **\$760.00** for each additional family member. Eligible family members include spouse and dependent children under the age of 19 (up to age 23 if the dependent child is a full-time student). All plan membership fees are payable in full at the time of registration and are non-refundable. Plan duration is for one year from the registration date.

Please notify our office 48 hours in advance, if you must change a scheduled appointment. A missed appointment fee of \$100 will be charged for all missed dental appointments.

_____initial

Exclusions and Limitations

- Demonstrated non-compliance with recommended course of treatment.
- Services which Dr. Poelman does not deem necessary or recommended for the patient's dental health.
- Restoration, splints or other appliances used to restore or maintain occlusion or for treatment of disturbances of the temporomandibular joint.
- Dispensing of drugs not normally supplied in a dental office.
- Loss or theft of dentures or bridgework.
- Lost or broken appliances.
- Services for injuries or conditions which are covered under Worker's Compensation or Employer's Liability Insurance.
- Periodontics, Endodontics, Oral Surgery or Pedodontics requiring the services of a non-participating dentist or any procedures performed in a hospital.

PMP participants cannot use any other dental coverage in conjunction with this plan and cannot be used with any other discounts. Annual benefits expire at the end of the patient's benefit year. It is the participant's responsibility to schedule preventative care and recommended treatment before expiration of the benefit year.

I understand and agree to abide by terms and conditions of Poelman Membership Plan.

Print _____ Signature _____

Start Date _____ End Date _____

BENEFIT PLAN COMPARISON

Treatment Type	Example of Purchased Dental Insurance	Poelman Membership Plan Basic	Poelman Membership Plan Premium
Estimated Cost	\$610.00/year	\$525.00/year, \$495.00/year additional member	\$800/year, \$760.00 additional member
Deductable	\$50.00/year	\$0	\$0
Annual Maximum Benefit	\$1500.00 per year	No Maximum	No Maximum
Exam Fee	Member Pays 20%	\$0	\$0
Standard Teeth Cleaning	Member Pays 20% 2/year	2/year \$0	4/year \$0
Deep Cleaning	Not covered 1st year, 60% 2nd year, 50% there on after deductible, 12 month waiting period	Member pays 80%	Member pays 75%
Basic Restorative Fillings, Bonding	40% 1st yr, 3-% 2nd yr, after deductible, 6 mo waiting period	Member pays 80%, no waiting period	Member pays 75%, no waiting period
Oral Surgery	Not covered 1st year, 60% 2nd year, 50% there on after deductible, 12 month waiting period	Member pays 80%, no waiting period	Member pays 75%, no waiting period
Major Restorative Crowns, Onlays, Bridges	Not covered 1st year, 60% 2nd year, 50% there on after deductible, 12 month waiting period	Member pays 80%, no waiting period	Member pays 75%, no waiting period
Digital Images	20% 1st year, 10% 2nd year, 0% there on after deductible, Limit bite wings 1/per year, Full series 1/per 5 years	Member pays \$0, no limitations	Member pays \$0, no limitations
Dentures	Not covered 1st yr, 60% 2nd yr, 50% there on after deductible	Member pays 80%, no waiting period	Member pays 75%, no waiting period
Topical Fluoride	20% 1st year, 10% 2nd year, 0% there on after deductible, Limited to member under age of 19	Member pays \$0, no age limits	Member pays \$0, no age limits
Sealants	40% 1st yr, 30% 2nd yr, after deductible, 6 mo waiting period, limited to age 15, molars with no cavities or previous restorations	Member pays 50%, no age limits	Member pays 50%, no age limits

CALL 858-487-1234 OR EMAIL INFO@POWAYQUALITYDENTAL.COM FOR MORE INFO