

# STONY BROOK GENERAL & COSMETIC DENTISTRY

*Smile For A Lifetime*

## SBGCD Dental Care Plan

### Program Information:

Welcome to the Stony Brook General & Cosmetic Dentistry (SBGCD) Dental Care Plan! SBGCD Dental Care dental discount plan is designed to help you and your family save hundreds or even thousands of dollars on your dental bills and to provide greater access to quality dental care.

**Please note:** This program is a discount plan, not a dental insurance plan. It is secondary to any other dental plan. This plan is only honored at Stony Brook General & Cosmetic Dentistry office located at 2500 Nesconset Hwy, BLDG. 12D, Stony Brook, NY 11790. Therefore, this dental discount plan is not an insurance plan, and it cannot be used at any other dental office.

Regardless of your age, employment, or dental needs, you can **JOIN TODAY and receive:**

- Your initial exam and x-rays FREE OF CHARGE!
- Savings on all other dental services, including: fillings, crowns, dentures, root canals, implants, and much more!

### With the SBGCD Dental Care Plan there are:

- NO yearly maximums
- NO deductibles
- NO claim forms
- NO pre-authorization requirements
- NO pre-existing condition limitations
- NO waiting periods (immediate eligibility)
- FREE consultations

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## Levels of the SBGCD Dental Care Discount Plan

(Fees are per person per year basis)

- Individual plan (\$295/ yr/person)
- Dual plan (parent/child or husband/wife only) (\$275/yr/person)
- Family plan (\$250/yr/person)

It is also possible to add additional members to any of the plans!

## It cannot be used:

- In conjunction with another dental plan.
- For services for injuries covered under Workman's Compensation.
- For treatment, which, in sole opinion of the treating dentist or doctor lies outside the realm of their capability.
- For referrals to specialists outside of our office.
- For hospitalization or hospital charges of any kind.
- For costs of dental care which is covered under automobile/medical.

## Program guidelines

- Non-refundable
- There will be a \$50 reinstatement fee if your plan lapses
- Cannot be used in conjunction with another dental plan
- No refunds will be issued at any time if participant decides not to utilize dental plan
- **Patient's portion of bill is due on the day of service**
- The Discount Plan is subject to revision annually

If you have any questions, please contact our office directly at 631-689-3226 to make an appointment and discuss further. We will assist you with enrollment in our dental savings plan, give you an application, as well as answer any questions you may have.

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## Coverage Table

| Diagnostic & X-rays   |                     |
|---|---------------------|
| Service Description   | Membership Discount |
| <b>Comprehensive Exam</b> (New patient, initial visit)                          | 100%                |
| <b>Periodic Exam (1 per year)</b> (Child under age of 18 – 2 per year)          | 100%                |
| <b>Limited Oral Exam</b> (Problem focused – 1 per year)                         | 100%                |
| <b>Complete Series or Panorex</b> (up to 1 every year as per dentist decision ) | 100%                |
| <b>Periapical, First Film</b> (Each add'l film covered at 100%)                 | 100%                |
| <b>Bitewings</b> (1 time per year)  | 100%                |
| Preventative  |                     |
| Service Description   | Membership Discount |
| <b>Child Prophylaxis</b> (Cleaning – 2 per year: 1/6 consecutive months))       | 100%                |
| <b>Adult Prophylaxis</b> (Cleaning – 2 per year: 1/6 consecutive months)        | 100%                |
| <b>Additional Cleanings</b> (per year – including Perio Maintenance)            | 20%                 |
| <b>Fluoride</b> (2 per year – no age limit)                                     | 100%                |
| <b>Sealants(Up to age 16)</b>   | 100%                |
| All Other Procedures  |                     |
| Service Description   | Membership Discount |
| <b>Fillings and Core Buildups</b>   | 20%                 |
| <b>Crowns &amp; Bridges</b> (Permanent)   | 15%                 |
| <b>Veneers</b>  | 10%                 |
| <b>Periodontics</b>   | 10%- 20 %           |
| <b>Dentures &amp; Partials</b> (including Reline)                               | 15%                 |
| <b>Oral Surgery</b>   | 10%                 |
| <b>Root Canals</b>  | 15%                 |
| <b>Implants</b>   | 10%                 |
| <b>Implant Post/Crown</b>   | 10%                 |

**Patient name:**

**Address:**

**Insurance Start Date:**

**End Date:**

**Patient/Guardian Signature:** \_\_\_\_\_

2500 NESCONSET HWY • BLDG 12D • STONY BROOK • NY 11790

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