



Options Assurance Discount Plan is designed to meet the financial needs of our patients who are not covered by traditional dental insurance. We care about your total health and have created a program that gives you financial options to meet your dental needs affordably.

**Covered Services** (per person, membership year)

- Routine\* cleanings and exams, twice per membership year
- Four bitewing x-rays for adults, two bitewing x-rays for children, once per membership year
- Emergency bitewing or periapical x-rays between routine appointments at no charge, no limit
- 15% Discount on all routine dental treatment, diagnostic services and exams, basic restorations. Payment must be paid in full when services are provided to receive the discount. The discount does not apply to outstanding balances prior to membership
- 10% Discount on major restorations such as crowns, bridges, partials and full dentures, cosmetic and implant services.

\*A routine cleaning indicates healthy gums that do not require treatment for periodontal disease. Periodontal services would be eligible for the 15% discount. Following periodontal treatment, routine dental cleanings and bitewing x-rays will be a membership covered service.

**Non-Covered Services** Any service provided by other healthcare professionals that we may refer you to for treatment (i.e. orthodontists, endodontists, oral surgeons, etc.) is not covered under our discount plan.

**Eligibility** Eligibility begins the day payment is received for the program and expires one year from that date. Eligible participants must be (1) Spouse/significant other of primary member; (2) Children living in the household to age 21, even if dependent turns 22 during membership period. **This plan is not offered to those who have traditional dental insurance coverage.**

**Policy Information** TMJ & Facial Pain Center and Dr. Wesley Shankland reserve the right to discontinue or decline to renew this plan at any time for any member. It is the member's responsibility to schedule and keep covered appointments within the benefit year, which ends exactly one year from date of renewal. Two routine checkups are covered and will expire if not used within the membership year. No refund will be given if not used during the membership period. If membership is discontinued by our office, a prorated amount of membership fees will be refunded to the primary member. Benefits and discounts are subject to change from year to year but not during your membership period. If you have questions or concerns, please contact our office:

**Wesley E. Shankland, II, D.D.S., Ph.D., Inc.,** 158 A Commerce Park Drive, Westerville, Ohio 614.794.0033

<b>PRIMARY MEMBER:</b> _____		<b>DATE:</b> _____
<p>I have read and fully understand the <i>Options Dental Assurance Discount Plan</i>. I/we are not covered under traditional dental insurance and understand that this is a discount program, not an insurance policy. I/we accept the terms and conditions as stated in this agreement. I am the primary member and therefore represent myself and all participating dependents.</p>		
<input type="checkbox"/> <b>\$240.00 Single adult</b> Name: _____	<input type="checkbox"/> <b>\$460.00 Two Adults</b> Names: _____ _____	<input type="checkbox"/> <b>\$190.00 Dependent child to age 21</b> Names: _____ _____ _____