

# **Greenberg**

## **Discount Dental Plan**

### **Membership Application**

# Greenberg

## Discount Dental Plan

CDT Code	Description	Member Co-Pay	Prevailing Fee	% Savings	CDT Code	Description	Member Co-Pay	Prevailing Fee	% Savings
<b>Appointments - Diagnostic</b>					<b>Endodontics - Root Canals</b>				
D0120	Periodic oral exam	\$15	52	71%	D3310	Root Canal - Front tooth (Anterior)	\$325	801	59%
D0140	Limited oral exam	\$15	79	81%	D3320	Root Canal - Middle tooth (bicuspid)	\$400	872	54%
D0150	Comprehensive oral exam	\$25	91	73%	D3330	Root Canal - Back Tooth (Molar)	\$500	1121	55%
<b>Radiographs - X-rays</b>					<b>Prosthodontics - Dentures &amp; Partials</b>				
D0210	Intraoral - complete series (incl bitewings)	\$60	134	55%	D5110	Upper denture	\$800	1785	55%
D0220	Intraoral - periapical	\$12	30	60%	D5120	Lower denture	\$800	1788	55%
D0272	Bitewing - two films	\$20	47	57%	D5211	Upper partial - resin (plastic) base	\$625	1413	56%
D0274	Bitewing - four films	\$25	68	63%	D5212	Lower partial - resin (plastic) base	\$625	1413	56%
D0330	Panoramic film	\$50	114	56%	D5213	Upper partial - cast metal base w/resin saddles	\$800	1862	57%
<b>Preventive</b>					D5214	Lower partial - cast metal base w/resin saddles	\$800	1862	57%
D1110	Prophylaxis (cleaning)	\$40	94	57%	D5410	Denture adjustment (upper)	\$40	94	57%
D1120	Prophylaxis - child	\$30	69	57%	D5411	Denture adjustment (lower)	\$40	93	57%
D1203	Topical Application of fluoride - child	\$14	39	64%	<b>Prosthodontics - Fixed - Bridge Pontics</b>				
D1351	Sealant - per tooth	\$25	57	56%	D-6240	Pontic - porcelain fused to precious (gold) metal	\$600	1155	48%
<b>Restorative Fillings</b>					D-6241	Pontic - porcelain fused to base metal	\$495	1064	53%
D2140	Amalgam - Silver one surface, child or adult	\$50	148	66%	D-6750	Crown - porcelain fused to precious (gold) metal	\$600	1165	48%
D2150	Amalgam - Silver two surface, child or adult	\$70	186	62%	D-6751	Crown - porcelain fused to base metal	\$495	1066	54%
D2160	Amalgam - Silver three surface, child or adult	\$85	224	62%	<b>Oral Surgery - Extractions</b>				
D2330	Resin - White - anterior one surface	\$65	167	61%	D7140	Extraction, erupted tooth or exposed root	\$85	183	54%
D2331	Resin - White - anterior two surface	\$80	208	62%	D7210	Surgical extraction - erupted tooth	\$125	288	57%
D2332	Resin - White - anterior three surface	\$100	261	62%	D7510	Incision and drainage of abscess - intraoral	\$150	248	40%
<b>Crown - Single Restoration</b>					<b>Orthodontics - Braces</b>				
D2740	Crown - porcelain/ceramic substrate (metal free)	\$600	1190	50%	D8660	Orthodontic Exam	FREE	400	100%
D2750	Crown - porcelain fused precious (Gold) metal	\$600	1140	47%	D8080	Comprehensive Ortho Treatment-Child (24 months)	\$3,895	5230	26%
D2751	Crown - porcelain fused to base metal	\$495	1091	55%	D8090	Comprehensive Ortho Treatment-Adult (24 months)	\$4,195	5300	21%
D2920	Re-cement crown	\$40	114	65%	D8999	Ceramic (Clear) Braces - Upper Teeth	\$250	500	50%
D2940	Sedative filling	\$40	128	69%		Ceramic (Clear) Braces - Upper and Lower Teeth	\$400	800	50%
D2950	Core buildup	\$120	283	58%	<b>Adjunctive - General Services</b>				
D2954	Prefabricated post and core in addition to crown	\$150	347	57%	D9972	Bleaching - both upper and lower arches	\$300	730	59%
<b>Periodontics - Gum Treatment</b>					Specialty services may not be available in all areas.				
D4341	Periodontal scaling & root planing - per quadrant	\$80	263	70%	Rates are subject to periodic change without prior notification.				
D4355	Full mouth debridement	\$60	190	68%					

This fee schedule applies to procedures performed by a General Dentist and Orthodontist only.

Non-listed procedures are provided to all members at 25% off the dentists' usual & customary fee.

Procedures performed by Dental Specialists are provided to all members at 25% off the dentists' usual and customary (prevailing) fee.

# Greenberg Discount Dental Plan

## Please Review These Important Terms and Conditions Prior to Enrolling in Greenberg Discount Dental Plan.

Greenberg Discount Dental Plan is NOT INSURANCE. Members pay their dental provider Greenberg Dental & Orthodontics at the time of service. This discount dental plan may be duplicative of your dental insurance. Greenberg Discount Dental Plan cannot be combined with any other dental or medical insurance plan and does not coordinate benefits with any other dental or medical insurance plan. Members may be eligible for reduced cost or free programs provided by the government. Greenberg Dental & Orthodontics has verified credentials of their dental professionals providing services but does not guarantee the quality of dental services or products. Complaints regarding professional services should be directed to the appropriate State dental licensing authority. Membership benefits are limited to the discounted fees as itemized in the Schedule of Fees provided to you. The Greenberg Discount Dental Plan is valid only at Greenberg Dental & Orthodontics offices. Services provided by dental specialists may not be available in all locations. Fees are subject to periodic change without prior notification.

A membership may be canceled within 30 days of its acceptance for a full refund of the initial enrollment fee. After membership has been in effect for 30 days, the Member may not cancel membership until the expiration date of the initial term of the membership. The membership of any Member may be revoked and canceled if such Member does not comply with the policies of Greenberg Dental & Orthodontics, including by reason of failing to make prompt payment for any procedure, for failing to pay any cancellation fee for missing an appointment, for failing to pay any fee when due or for providing false or misleading information to Greenberg Dental & Orthodontics. If such Member is part of a Family Plan, then Greenberg Dental & Orthodontics shall have the right to revoke and cancel the membership of all Members of such family. Immediately upon any cancellation of membership, whether by the Member or by Greenberg Discount Dental Plan all benefits shall cease.

New Members are subject to acceptance by Greenberg Discount Dental Plan. Greenberg Discount Dental Plan may refuse to accept any new Member at its discretion for any reason not prohibited by law. For purposes of the discounted membership fee for additional family members, family members include spouses and children 18 years of age and younger living in the same household as the primary member. In the case of any dispute between the Member (and/or any additional family member) and Greenberg Discount Dental Plan which has not been resolved through negotiation between the parties, such dispute shall be settled and determined through arbitration in accordance with the Rules of Arbitration of the American Arbitration Association ("AAA"). Any arbitration pursuant to this agreement shall be held in Seminole County, Florida, and shall be conducted by a single arbitrator to be selected by other arbitrators, one of whom shall be selected by each party. The written decision of the arbitrator so selected shall be binding, final, and conclusive on the parties. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. The fees and expenses of arbitration shall be part of the award. The prevailing party in any arbitration shall recover its expenses and costs including reasonable attorney's fees from the other party.

The undersigned Member(s) acknowledge(s) and agree(s) to the foregoing and a parent's signature below shall be on behalf of any minor children under 18 years of age covered by this Application.

Patient Signature \_\_\_\_\_ Patient Name \_\_\_\_\_

Date \_\_\_\_\_

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

Date of Birth of Applicant \_\_\_\_\_ Male/Female ☐ ☐ Residence or Work Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt # \_\_\_\_\_

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

Pay by Credit Card: ☐ Visa ☐ Mastercard Account # \_\_\_\_\_

Exp. Date \_\_\_\_\_ E Mail Address: \_\_\_\_\_

### List of Household Members

First Name	Last Name	Date of Birth
_____	_____	____ - ____ - ____
_____	_____	____ - ____ - ____
_____	_____	____ - ____ - ____
_____	_____	____ - ____ - ____