Union City
Pediatric & Adolescent Dentistry

About Our Membership Plan

The Union City Pediatric and Adolescent Dentistry Membership Plan is designed to provide affordability and greater access to quality dental care. Your benefits are available only at Union City Pediatric and Adolescent Dentistry, 33800 Alvarado-Niles rd. Suite #7, Union City CA.

With your Dental Membership Plan there are:

- No yearly maximums
- No deductibles
- No claim forms
- No pre-authorization requirements
- No pre-existing condition limitations
- Immediate eligibility (no waiting periods)

Benefit Premium

Plan	Total Annual Cost
Child (0 – 12 yrs)	$420.00
Child (13 yrs +)	$520.00

Savings of up to $500.00

Additional Members save $5 a month

This program is a discount plan, not a dental insurance plan, and is secondary to any other dental plan. 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
- For hospitalization or hospital charges of any kind
- For costs of dental care which is covered under automobiled medical

THIS PLAN IS NOT INSURANCE and is not intended to replace your health insurance.

Program Guidelines

- There will be a $50 reinstatement fee if your plan lapses
- Cannot be used in conjunction with another dental plan
- NON-REFUNDABLE
- No refunds or premiums will be issued at any time if participant decides not to utilize dental plan
- Patient's portion of any bill is due on the same day as service
- There is a 5% auto-renewal discount
- The plan is in effect once the premiums have been paid

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Our Membership Plan Coverage Table

Diagnostic & X-rays

Comprehensive Exam (new patients, initial visit)	100%
Periodic Exam (2 per year)	100%
Complete Series or Panorex (1 every 3 years)	50%
Periapical, First Film	100%
Periapical, Additional Film	100%
Bitewings (1 time per year)	100%

Preventive

Child Prophylaxis (cleaning) (2 per year)	100%
Adult Prophylaxis (cleaning) (2 per year)	100%
Additional Cleanings per year	20%
Flouride (2 per year, no age limit, no copay	100%
Sealants	20%

All Other Procedure

Fillings & Build Ups	20%
Crowns	15%
Specialty Services	15%

Union City Pediatric and Adolescent Dentistry is committed to providing outstanding dental care to families in the Bay Area. If you would like to apply for the Membership Plan, please fill out and detach the following application form and turn it into our office.

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Our Savings Plan Application Form

Your Profile

Name | Social Security Number

Mailing Address

Street Address (if different from above)

Home Phone | Work Phone

Email Address | Cell Phone

Driver License Number & State of Issue | Date of Birth

Your Spouse's Profile

Name | Social Security Number

Mailing Address

Street Address (if different from above)

Home Phone | Work Phone

Email Address | Cell Phone

Driver License Number & State of Issue | Date of Birth

Your Children

Name | Age

Name | Age

Name | Age

Name | Age

Member Signature | Date

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Our Savings Plan Application form

Please mail this completed application with appropriate payment (check or credit card) to:

Union City Pediatric and Adolescent Dentistry

33800 Alvarado-Niles Rd. #7

Union City, CA 94587

Make checks payable to Union City Pediatric and Adolescent Dentistry.

Credit Card Number	Expiration Date
Authorized Signature	☐ Visa ☐ MasterCard

I, _____, authorize Union City Pediatric and Adolescent Dentistry to charge my credit card each year upon my anniversary date to automatically renew my enrollment in the discount plan. Union City Pediatric and Adolescent Dentistry will notify me when the plan is renewed for my records. If I choose to discontinue participating in the discount plan, I will notify Union City Pediatric and Adolescent Dentistry one month prior to my anniversary renewal date.

By signing below, I acknowledge that I have read the brochure and understand the plan details and limitations.

Signature _____ Date _____

(Signature of plan holder)

* Annual fee is required at enrollment and cannot be financed. Union City Pediatric and Adolescent Dentistry reserves the right to modify, change or discontinue the Membership Plan, fees, terms and services at the company's option upon written notice from Union City Pediatric and Adolescent Dentistry prior to your anniversary renewal date.