

Terms and Conditions: **Discounts provided only through Boulevard Dental and performed by Dr. Melissa Brown, D.D.S.**

- Monthly membership fees are to be paid for a minimum twelve (12) month period and are non-refundable. Unless waived by the dentist, membership will automatically renew on the anniversary date and continue thereafter until cancelled, in writing.
- Qualified dependents are defined as any non-married children living in the household under 23. Any additional dependents after three (3) each will have an additional surcharge of \$15 per month per dependent.
- There is a 60 day waiting period for basic and major restorative procedures.
- Fees and plan discounts are subject to change without notice.
- Missed or broken appointments without 24-hour notice will be charged \$25 and anything over one hour, may be subject to additional charges.
- All member co-payments are due prior to procedure start time.
- Membership in **Boulevard Dental Advantage** may be terminated for abuse and failure to pay membership fees or properly billed work.
- **Boulevard Dental Advantage** is administered solely by the dental office and may be discontinued at the end of any month with or without notice.

Plan Limitations and Exclusions:

- Covered prophylaxis is limited to two times per calendar year. A difficult prophylaxis (i.e. heavy smoker, neglected teeth, etc.) is subject to a reasonable surcharge.
- Fluoride treatments are limited to two times per calendar year, per member, no age limit.
- Replacements are only eligible if the prosthetic is deemed un-restorable by dental standards, over five (5) years old, and dental prophylaxis and periodic exam appointments are kept at two (2) times per calendar year.
- Dental procedures in progress, or performed before or after a member's eligibility period is excluded.
- Any dental procedure not listed as a covered service, including but not limited to, anesthesia, prescription medications, etc., is excluded.
- Treatment required due to hospital and medical charges or self-inflicted wounds of any kind is excluded.
- Treatment to correct congenital, developmental, or medically induced dental disorders is excluded (i.e., TMJ).
- Replacement for lost or stolen appliances is excluded unless additional insurance is purchased.
- Any dental services provided to the member by state, county, or municipal agencies, or dental services provided without cost to the member are excluded.
- Any dental expense incurred if the dentist is unable to perform a procedure due to the member's general health or physical condition is excluded.
- Coordination of plan benefits with other plans is excluded.

## Boulevard Dental

11661 College Blvd  
Suite #101  
Overland Park, KS 66210  
Phone: 913-242-8199

[www.BoulevardDental.com](http://www.BoulevardDental.com)



## **BOULEVARD DENTAL** **ADVANTAGE**

*A BENEFIT PLAN CREATED WITH OUR  
UNINSURED PATIENTS IN MIND!*

**A BENEFIT PLAN OFFERED BY  
THE OFFICE OF  
MELISSA BROWN, D.D.S.**

# Boulevard Dental Advantage

## Benefit Features\*\*

### PREVENTATIVE CARE

Oral Exams	100%
Oral Cancer Screenings	100%
Oral Hygiene Instruction	100%
Dental Cleaning (2 per year)	100%
Bitewing x-rays	100%
Periapical x-rays	100%
Full mouth x-rays (1 per 5 years)	100%
Fluoride treatment (2 per year)	100%

### BASIC RESTORATIVE CARE

Fillings	80%
Extractions	80%
Sealants	80%

### MAJOR RESTORATIVE CARE

Periodontal Services	50%
Endodontic Services	50%
Crown & Bridge Services	50%
Denture & Partial Services	50%
Implant Services	50%

## BOULEVARD DENTAL ADVANTAGE

*A BENEFIT PLAN CREATED WITH OUR UNINSURED PATIENTS IN MIND!*

After many years of seeing traditional dental insurance increase in price and lower in the amount of coverage, **BOULEVARD DENTAL** has created a cost effective solution. We offer an in-house benefit plan that allows families to keep up with routine oral hygiene visits with the added assurance that you are covered if any other dental necessity arises.

For a low monthly fee or yearly fee, you receive your "Preventative Care" at no cost, and any "Basic" or "Major Restorative Care" significantly discounted.

**\*\*\$10 copay applies to all visits**

**\*\*\$2,500 max benefit per year/per individual**

### Monthly Fees

***\$150 one time enrollment fee	\$150
<input type="radio"/> Individual	\$40
<input type="radio"/> Individual & Spouse	\$55
<input type="radio"/> Family (up to 3 dependents to age 26)	\$75**
**additional dependents	\$15
TOTAL	\$ _____

### One Time Yearly Fees

***\$150 one time enrollment fee WAIVED	
<input type="radio"/> Individual	\$480
<input type="radio"/> Individual & Spouse	\$660
<input type="radio"/> Family (up to 3 dependents to age 26)	\$900
**additional dependents	\$150
TOTAL	\$ _____

Name: \_\_\_\_\_

Spouse/Dependents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

### Method of Payment:

- Credit Card/Check- one time payment**
- Automatic withdrawal**

Expiration \_\_\_\_\_ v-code \_\_\_\_\_

Number \_\_\_\_\_

Signature \_\_\_\_\_