

DENTAL MEMBERSHIP PLAN



Designed to provide greater access to quality dental care at an affordable price!

We've Got You Covered!

No Insurance, No Problem

Membership		Insurance
✓	No Deductibles	✗
✓	No Annual Maximums	✗
✓	No Pre-authorizations	✗
✓	No Waiting Periods	✗
✓	No Limits on Pre-existing conditions	✗
✓	No Replacement waiting periods	✗
✓	Discounted Cosmetic/Elective Services	✗
✓	Discounted ClearCorrect	✗

Ask any of our team members to find out more information and how to sign up.

**CALL US AT (845) 628-3400
(845) 628-3700**



PROGRAM GUIDELINES

- * Payment plans available for large treatment plans.
- * No refunds of premiums will be issued at any time if participant decides not to utilize the dental plan.
- * NON-REFUNDABLE

PROGRAM EXCLUSIONS & LIMITATIONS

This program is a discount plan, NOT a dental insurance plan. IT CANNOT BE USED:

- * In conjunction with another dental plan or dental insurance.
- * For treatment that requires referrals or specialty services, which will be determined at the sole discretion of our doctors.
- * A \$75 re-appointment fee will be charged if cancellations occur less than 2 business days before appointment.
- * For costs of dental care which are covered under medical insurance, auto insurance, or worker's compensation.

There is NO credit or roll-over of the plan fee if the plan is not used or only partially used. The plan cannot be transferred to another person. The plan is for the 12 months following your date of the payment for the plan.



DENTAL MEMBERSHIP PLAN



(845) 628-3700
www.raiderdentistry.com



(845) 628-3400
mahopacpediatricdentistry.com

888 Route 6 | Mahopac, NY 10541

PLAN MEMBERSHIP FEES

PLAN	TOTAL ANNUAL COST
Individual	\$245
Additional - Spouse	\$195
Additional - Child	\$170



PLAN BENEFITS

- ✓ 2 Annual Exams
- ✓ 1 Emergency Exam *(used at any time during the plan year)*
- ✓ 2 Preventative Cleanings
- ✓ 2 Oral Cancer Screenings
- ✓ 1 Fluoride Treatments *(under age 18)*
- ✓ Complete set of full mouth X-Rays *(excluding panoramic)*
- ✓ Any additional x-rays needed during the plan year
- ✓ 20% OFF Additional Cleanings or Periodontal Therapy
- ✓ 20% OFF Fillings, and Oral Surgery *(extractions)*
- ✓ 20% OFF Crowns *(and build-ups)*, Veneers, Bridges, Implant Crowns and Dentures
- ✓ ClearCorrect Discount

PLAN DISCOUNTS

Diagnostic & X-rays

New Patient Exam	100%
Two Annual Exams	100%
One Emergency Exam <i>(if needed)</i>	100%
Four Bite Wing X-Rays.....	100%
All Periapical X-Rays.....	100%
Complete Set of Full Mouth X-Rays <i>(once every 3 years)</i>	100%

Preventative

Child Prophy <i>(two cleanings per year)</i>	100%
Adult Prophy.....	100%
<i>(two cleanings per year)</i>	
Fluoride Treatment	100%
<i>(1 per year, under age 18)</i>	
Oral Cancer Screenings <i>(2 per year)</i>	100%
Sealants.....	20%
<i>(first molars- 1 application per molar)</i>	
Additional Cleanings or Periodontal Maintenance.....	20%

Other Procedures

Fillings, Extractions	20%
Crowns, Veneers, Dentures, Bridges.....	20%
Deep Cleanings.....	20%
Implant Crowns.....	20%
ClearCorrect.....	20%

DENTAL MEMBERSHIP PLAN APPLICATION

To enroll in the plan, please fill out this form and return it to our office along with your plan payment.

Personal Information

First name: _____

Last name: _____

Date of Birth: _____

Choose Your Plan

- ☐ Single \$245 ☐ Second Adult \$195
- ☐ Each Additional Child _____ \$170

The Annual Fee is required at enrollment and cannot be financed. The Dental Membership Plan membership fees are non-refundable and Raider General Denistry reserves the right to modify, change, or discontinue the Plan terms, fees and services at it's discretion.



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Dr. Delaney
Pediatric Dentistry

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