

# Hammond Dental Care Platinum Plan Membership

**Hammond Dental Care Platinum Plan** is an annual reduced dental plan that allows individuals and families to receive quality dental services from Hammond Dental Care that makes sense for today's economy. Your Platinum Plan membership provides you with up to two simple teeth cleanings per year, local anesthetic, examinations, x-rays, and other preventive services at no charge. A dependent is a child up to the age of 23. Children may be members only as dependents of adult members. To join, fill out the member registration and select a method of payment.

## All members fill out this portion completely MEMBER REGISTRATION

Last Name			First			MI		
Home Address								
City			State			Zip Code		
Home Phone			Cell Phone					
Birthdate			Employer					

List Covered Dependents	Birthdate	Relationship

Office Location Selected \_\_\_\_\_

## Select Method of Payment

\_\_\_\_\_ **Charge by Card** (We accept all credit cards)  
Card Number \_\_\_\_\_  
Exp Date \_\_\_\_\_ CVC Number \_\_\_\_\_

\_\_\_\_\_ **Financial Arrangement** (Completed with financial coordinator as needed)

I understand the benefits, limitation, exclusions and requirements of the plan and I agree to the following: **I will remain in the plan and pay membership fees for a minimum of 12 months.** Payment of less than 12 months' will result in usual and customary fees for all services (including those already provided) and my being charged remaining months' fees in a lump sum. If I am not seen every six months it will result in usual and customary fees being charged for all services.

**Fees for dental services are due at the time services are rendered.** Fees for prosthodontic and cast restoration services are due at the preparation/impression visit. Failure to Comply may result in usual and customary fees for such services. I agree to pay any and all cost in collecting all charges including, but not limited to attorney fees and court costs.

Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

## LOW MONTHLY COST

- Member - \$15.00 Monthly (\$180 Yearly)
- Member and 1 Dependent - \$25.00 Monthly (\$300 Yearly)
- Member and 2 Dependents - \$35.00 Monthly (\$420 Yearly)
- Member and 3 Dependent - \$45.00 Monthly (\$540 Yearly)

## DENTAL LIMITATIONS AND EXCLUSIONS

- Services which in the opinion of the attending dentist are neither necessary nor recommended for the patient's dental health.
- Services for injuries or conditions that are covered by Worker's Compensation or Employer's Liability laws. Services which are provided without cost to the member by any municipality, county or other political subdivision.
- Demonstrate non-compliance with recommended course of treatment.
- Loss or theft of dentures or bridgework. Any procedure of implantation or experimental procedures.
- Services that cannot be performed because of the general health, physical or psychological limitations of the patient.
- Periodontics, endodontics, oral surgery or pedodontics requiring the services of a non participating dentist.
- Fluoride is limited to once per year under the age of 18.
- Patient's must be seen once every six months to avoid paying usual and customary fees
- Platinum plan participants cannot have other dental coverage.

**Hammond Dental Care**  
16936 W. Bell Rd. Suite #201  
Surprise, AZ 85374  
623-328-7346

**Hammond Dental Care**  
5750 W. Thunderbird Rd. Suite #F680  
Glendale, AZ 85306  
602-942-3200

**HAMMONDDENTALCARE.NET**

**NO DEDUCTIBLES, NO MAXIMUMS, NO CLAIM SUBMISSIONS, NO PRE-EXISTING CONDITIONS**

