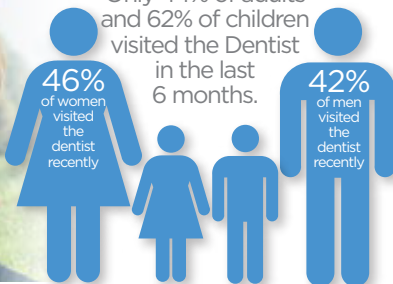




Dental Health Is Important...

When Was Your Last Dental Visit?

Only 44% of adults and 62% of children visited the Dentist in the last 6 months.



Dr. Tran and the team in Dallas, TX make every effort to provide not only excellent, but also affordable dental care. Money shouldn't keep you from having the perfect smile you deserve. At transDental we offer pain-free, flexible payment options allowing you to finance your smile with easy monthly payments if necessary.

Benefits

- No annual limits.
- No claim forms.
- No co-pay / deductibles.
- No waiting period.



Limitations

- Any procedure that is not listed is offered with a 20% discount.
- Free cleanings are limited to two per year, in the absence of periodontal disease.
- Patients 17 years and older are considered adults.
- Full mouth x-rays are limited to once every year.
- Complete and partial dentures are limited to one every 3 years.
- Denture repairs and relines are limited to one every year.
- Procedures performed outside the office or by a specialist are not covered.
- Prescription or OTC drugs are not covered.

Please contact our office for more information about the transDental - Dental Plan.

transDental - Dental Plan Enrollment Form

214.347.7162



transDental - Dental Plan
2505 N. Fitzhugh Ave #100 | Dallas, TX 75204

Please print or type. Shaded areas are for producer or office use only.

Date Received _____

1 The discount plan I am applying for is...

- Individual Couple Family Additional Member

2 I'm filling out this application because I wish coverage for...

- Myself Only Myself & the dependents listed below

3 My information is ...

Self (Last, First, Middle Initial)	Social Security Number	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address:	City / State / Zip	Home Telephone Number
E-Mail Address:	Date of Birth	Requested Effective Date

My annual payment will be paid by the following method:

- Credit Card (MasterCard / Visa, Amex, Discover) Personal Check (please send by mail)

Card Number _____

Exp Date _____ / _____ Signature _____

I authorize the verification of the information provided on this form as to my credit card and understand that my card will be billed annually. I am responsible for any changes to my information and will give written notice at least 60 days prior to cancellation of my membership. I understand if I do not provide a 60 day written cancellation, my credit card will be billed the full amount of the annual membership fee. No refunds on the purchase of the transDental - Dental Plan will be given once services have been provided at the discounted rate."

4 I want to enroll my ...

Legal Spouse or Domestic Partner (Last, First, Middle Initial)	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
	Social Security Number	<input type="checkbox"/> Husband / Wife <input type="checkbox"/> Domestic Partner
Dependant Child (Last, First, Middle Initial)	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
	Social Security Number	
Dependant Child (Last, First, Middle Initial)	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
	Social Security Number	
Dependant Child (Last, First, Middle Initial)	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
	Social Security Number	

I, the undersigned, have fully read, understand and agree to all terms and agreements and I attest that the above statements are true and correct. With my signature I attest to the accuracy of the information provided on this form and acknowledge my desire to enroll in the transDental - Dental Plan.

Signature _____ Date _____

<i>For Office Use Only:</i>	Effective Date	Renewal Date
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transDental - Dental Plan

	Member Rate	Usual Fee
Periodic Oral Exam	FREE	\$60.00
Limited Oral Exam	FREE	\$40.00
Comprehensive Exam	FREE	\$80.00
Full Mouth X-Rays	FREE	\$99.00
Panoramic X-Ray	FREE	\$136.00
Bitewing X-Rays - 4 films	FREE	\$40.00
Bitewing X-Rays - 2 films	FREE	\$20.00
Healthy Mouth Cleaning - Adult	FREE	\$80.00
Healthy Mouth Cleaning - Child	FREE	\$40.00
1 Surface Tooth Colored Filling	\$80.00	\$100.00
2 Surface Tooth Colored Filling	\$96.00	\$120.00
3 Surface Tooth Colored Filling	\$112.00	\$140.00
Sealant	\$35.20	\$44.00
Porcelain Crown	\$712.00	\$890.00
Core Build Up	\$100.00	\$125.00
Root Canal (Premolar)	\$680.00	\$820.00
Deep Cleaning Per Quad	\$100.00	\$125.00
Complete Denture	\$780.00	\$975.00
Partial Denture	\$680.00	\$850.00
Surgical Extraction	\$200.00	\$250.00
Invisalign	\$3920.00	\$4900.00
Night Guard	\$200.00	\$250.00
Individual Plan	\$ 159.00	Annually
Couple	\$ 259.00	Annually
Family Plan (up to 4 family members)	\$ 299.00	Annually
Each Additional Member	\$ 159.00	Annually

- Any procedure not listed on the transDental - Dental Plan is available at the usual and customary fee less a 20% discount.
- Patients 17 years and above are considered adults
- 2 Free cleanings / year in the absence of periodontal disease

Since there is no paperwork or reimbursement, you must pay for the service at the time it's provided. You will receive the discount off the provider's usual and customary fees when you pay.



transDental Dental Plan

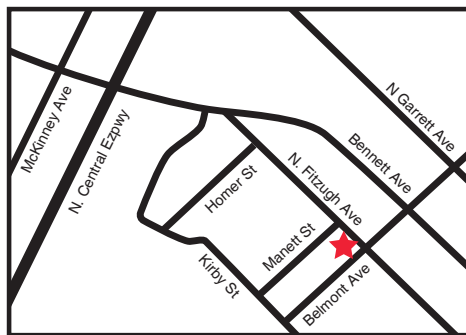
Enroll Today! 214-347-7162



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