Quality Dental Care Benefits For Individuals & Families Without Insurance

Provided by:

Dr. John M. Delaney

Dental Corporation

1161 N. Euclid
Anaheim, CA 92801
(714) 999-5050

These Plan Benefits Can Greatly Reduce Your Cost of Dental Services

Plan 215 - H10

Rep# R-2024

DENTAL BENEFITS APPLICATION

(PLEASE PRINT)

Plan Use Only	Last Name	First Name	Initial	Social Security Number	Renewal
Effective Date	Street Address	City	State	Zip Code	Home Telephone
Employer	Work Phone	Birthdate	☐ Male ☐ Female		

VISA MasterCard DISCOVER

Last Name (If different), First	Sex	Birthdate	Soc. Security No.
Spouse			
Child			
Child			
Child			
Child			
Child			

On behalf of the above named individuals, I hereby apply for enrollment and certify that the information contained herein is true and correct. I further agree to be bound by the terms and conditions of Dr. John Delaney's Evidence of Coverage and Disclosure Form, including Binding Arbitration for dispute resolutions.

1. Check ☐
2. Credit Card ☐

Make Check payable to AFFD

Visa ☐
Discover/NOVUS ☐
MasterCard ☐
American Express ☐

Credit Card # _____

Exp. Date _____

Member only	$64.00	$_____
Member & one (1) dependant	$94.00	$_____
Family	$104.00	$_____
One-time only application fee (non-refundable)		$_____
TOTAL AMOUNT PAID/ENCLOSED		$_____

Applicant's Signature: _____

Date: _____

Summary of Plan 215-H10 Benefits and Copayments

The following dental services are covered benefits for the specified copayment, only when provided by a participating general dentist.

COVERED SERVICES	INDIVIDUAL PAYS	WITHOUT INSURANCE
PREVENTATIVE		
Office Visit	NO CHARGE	$20.00
Oral Examination	NO CHARGE	$80.00
Full Mouth X-rays	NO CHARGE	$125.00
Single Film	NO CHARGE	$30.00
Each additional film	NO CHARGE	$30.00
Teeth Cleaning (treatment to include scaling & polishing)	$30.00	$85.00
Tropical fluoride (child)	NO CHARGE	$65.00
Sealants per tooth	$10.00	$50.00
RESTORATIVE DENTISTRY (Fillings)		
Amalgam restorations		
One tooth surface	$79.00	$135.00
Two tooth surface	$85.00	$160.00
Three tooth surface	$100.00	$195.00
Four tooth surface	$125.00	$240.00
Silicate, acrylic, composites, plastic restorations:		
One tooth surface	$99.00	$149.00
Two tooth surface	$115.00	$161.00
Three tooth surface	$125.00	$239.00
Four tooth surface	$150.00	$259.00
Pin retention	$21.00	$50.00
CROWN AND BRIDGES		
Porcelain crown	$685.00	$1100.00
Porcelain with metal crown	$685.00	$930.00
Bridge (Per tooth)	$685.00	$930.00
Full gold crown**	$685.00	$685.00
Recement crown	$36.00	$75.00
Recement bridge	$49.00	$95.00
PERIODONTICS		
Subgingival curettage, root planning per quadrant	$65.00	$200.00
ENDODONTICS*		
Pulp cap	$21.00	$90.00
Pulpotomy (vital or therapeutic)	$55.00	$200.00
Root canal		
Single-rooted	$700.00	$900.00
Bi-rooted	$850.00	$1100.00

COVERED SERVICES	INDIVIDUAL PAYS	WITHOUT INSURANCE
PROSTHETICS (Dentures)		
Complete upper	$800.00	$1200.00
Complete lower	$800.00	$1200.00
Partial upper denture	$800.00	$1100.00
Partial lower denture	$800.00	$1100.00
Teeth clasps additional	$45.00	$65.00
Stayplate	$385.00	$588.00
Office reline (chair side)	$85.00	$300.00
Denture reline (laboratory)	$155.00	$300.00
ORAL SURGERY*		
Simple, local anesthesia	$50.00	$95.00
Surgical	$185.00	$250.00
EMERGENCY		
Emergency office visit	$20.00	$40.00
Emergency after hours	$55.00	$70.00
Broken appointment (within 24 hours notice)	$15.00	$25.00

* As performed by general Dentist

** Plus cost of gold

*** Diagnostic workup/records/over 2 year case or other required services are available at UCR fees.

FORM 42006

PLAN 215-H10

*Plan coverage is 365 days from sign up date.