

**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	<input type="checkbox"/> Male <input type="checkbox"/> Female		
					
Last Name (if different), First	Sex	Birthdate	Soc. Security No.	1. Check <input type="checkbox"/> Make Check payable to AFFD 2. Credit Card <input type="checkbox"/>	
Spouse				<input type="checkbox"/> Visa <input type="checkbox"/> Discover/NOVUS	MasterCard <input type="checkbox"/> American Express <input type="checkbox"/>
Child				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 \$ _____	
Child				Applicant's Signature: _____ Date: _____	
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.	

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	COVERED SERVICES	INDIVIDUAL PAYS	WITHOUT INSURANCE
PREVENTATIVE			PROSTHETICS (Dentures)		
Office Visit	NO CHARGE	\$20.00	Complete upper	\$800.00	\$1200.00
Oral Examination	NO CHARGE	\$80.00	Complete lower	\$800.00	\$1200.00
Full Mouth X-rays	NO CHARGE	\$125.00	Partial upper denture	\$800.00	\$1100.00
Single Film	NO CHARGE	\$30.00	Partial lower denture	\$800.00	\$1100.00
Each additional film	NO CHARGE	\$30.00	Teeth clasps additional	\$45.00	\$65.00
Teeth Cleaning	\$30.00	\$85.00	Stayplate	\$385.00	\$588.00
(treatment to include scaling & polishing)			Office reline (chair side)	\$85.00	\$300.00
Tropical fluoride (child)	NO CHARGE	\$65.00	Denture reline (laboratory)	\$155.00	\$300.00
Sealants per tooth	\$10.00	\$50.00			
RESTORATIVE DENTISTRY (Fillings)			ORAL SURGERY*		
Amalgam restorations			Simple, local anesthesia	\$50.00	\$95.00
One tooth surface	\$79.00	\$135.00	Surgical	\$185.00	\$250.00
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:			EMERGENCY		
One tooth surface	\$99.00	\$149.00	Emergency office visit	\$20.00	\$40.00
Two tooth surface	\$115.00	\$161.00	Emergency after hours	\$55.00	\$70.00
Three tooth surface	\$125.00	\$239.00	Broken appointment		
Four tooth surface	\$150.00	\$259.00	(within 24 hours notice)	\$15.00	\$25.00
Pin retention	\$21.00	\$50.00			
CROWN AND BRIDGES			* As performed by general Dentist		
Porcelain crown	\$685.00	\$1100.00	** Plus cost of gold		
Porcelain with metal crown	\$685.00	\$930.00	*** Diagnostic workup/records/over 2 year case		
Bridge (Per tooth)	\$685.00	\$930.00	or other required services are available at		
Full gold crown**	\$685.00	\$685.00	UCR fees.		
Recement crown	\$36.00	\$75.00	FORM 42006		
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			

PLAN 215-H10

*Plan coverage is 365 days from sign up date.