

Please Complete & Return
Today to Begin Coverage!

First Name _____

Last Name _____

Home Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Date of Birth _____

Spouse Name _____

Date of Birth _____

Enrollment Period _____ to _____

Signature _____

Date _____

Master Card / Visa / Discover / American Express

Card Number _____

Exp. Date _____



Dental Savings Plan



Patrick C. Hann, D.D.S.
5550 W. Touhy, Suite 402
Skokie, Illinois 60077
773-631-5788
www.cityviewfamdent.com



We Proudly Offer:



Same-Day
Crowns



No-Shot
Laser Dentistry

Make Checks payable to:
Patrick C. Hann, D.D.S.

**Giving You Greater Access to
Quality Dental Care**

The Dental Savings Plan

The Dental Savings Plan is designed to provide affordability and greater access to quality dental care.

With your Dental Savings Plan there are:

- No yearly maximums
- No deductibles
- No claim forms
- No pre-authorization requirements
- No pre-existing condition limitations
- Immediate eligibility (no waiting periods)
- Automatic annual renewal

Benefit Premiums

Total Annual Cost

Single Adult \$323.00
 Child \$393.00

Dual* Husband/Wife \$646.00
 Parent/Child \$678.00

Family** Ask for Fee

*Dual Plan is for Parent/Child or Husband/Wife only.

**Family Plan includes children who are living at home until age 23.

Estimated regular cost for exams, cleanings, x-rays and flouride:

Child: \$424.00
 Adult: (excludes flouride) \$404.00

You will not receive a membership card. Your plan's effective date will be on file with our receptionist.

Coverage Table

Treatment	Member Discount
Comprehensive Exam (every 3-5 yrs)	50%
Periodic Exam (2 per year)	100%
Limited Oral Exam, Problem Focused (1 per yr)	50%
Intraoral-Complete Series or Panorex (1 every 3 yrs)	50%
Intraoral Periapical, First Film	100%
Intraoral Periapical, Each Additional Film	100%
Bitewings (1 per yr)	100%

Preventative

Child Prophylaxis (cleaning) 2 per yr	100%
Adult Prophylaxis (cleaning) 2 per yr	100%

All Other Procedures

Fillings	10%
Crowns	10%
Gingivectomy	10%
Dentures and Partials	10%
Oral Surgery	10%
Root Canals	10%
Implant Crowns	10%
Fluoride Varnish	10%
Orthodontics	10%

Please inquire about services not listed here!

Program Exclusions and Limitations

This program is a discount plan, not a dental insurance plan. It cannot be used:

- In conjunction with another dental plan
- For services for injuries covered under workman's compensation
- For treatment which, in sole opinion of the treatment dentist or doctor, lies outside the realm of their capability
- For referrals to specialists
- For hospitalization or hospital charges of any kind
- For costs of dental care which are covered under automobile or medical
- Insurance
- Teeth whitening and home use products

This plan is only honored for patients of **Patrick C. Hann, D.D.S.** This dental plan is not an insurance plan that can be used at any other dental office.

Program Guidelines

- Cannot be used in conjunction with another dental plan
- NON-REFUNDABLE
- No refunds or premiums will be issued at any time if participant decides not to utilize dental plan
- Automatically renews on anniversary date

Patient's portion of bill is due the day of service by check, cash or credit card.