

BEASLEY MEMBERSHIP PLAN 2024



Cosmetic • Laser • Sedation

THIS PLAN IS DESIGNED TO PROVIDE AFFORDABILITY AND GREATER ACCESS TO QUALITY DENTAL CARE FOR THOSE PATIENTS WITHOUT CONVENTIONAL DENTAL INSURANCE.

WITH THIS DISCOUNT PLAN THERE ARE:

- NO YEARLY MAXIMUMS
- NO DEDUCTIBLES
- NO CLAIM FORMS
- NO PREAUTHORIZATION REQUIREMENTS
- NO PRE-EXISTING CONDITION LIMITATIONS
- NO WAITING PERIODS
- NO MORE ALLOWING INSURANCE TO DECIDE

WHAT TREATMENT IS BEST FOR YOU

BENEFIT	PREMIUM		
PLAN:	TOTAL YEARLY COST [cash / check]	TOTAL YEARLY COST [credit card]	TOTAL YEARLY COST [Care Credit]
ADULT	\$295.00	\$303.85	\$312.41
CHILDREN [3 - 13]	\$225.00	\$231.75	\$238.28
PERIO	\$675.00	\$695.25	\$715.35

PAYMENTS MADE BY CREDIT CARD WILL HAVE A 3% CREDIT CARD PROCESSING FEE APPLIED FOR ALL PROCEDURES

IN THE EVENT THAT A MEMBER DEFAULTS ON PAYMENT OF PLAN PREMIUMS, ANY DISCOUNTS ON TREATMENT PROVIDED WILL BE REVOKED AND COLLECTION EFFORTS ENFORCED

WWW.BEASLEYDENTISTRY.COM

PLAN COVERAGE

ADULT

TREATMENT	DISCOUNT
NEW PATIENT EXAM AND GUM DISEASE SCREENING (INITIAL VISIT AND EVERY 2 YEARS)	100%
PERIODIC EXAM (1 PER YEAR IF 1 ST EXAM TYPE IS DONE, 2 PER YEAR IF NOT)	100%
EMERGENCY OR LIMITED ORAL EXAM (1 PER YEAR, PROBLEM FOCUSED)	100%
ADULT PROPHYLAXIS (2 PER YEAR, CLEANING)	100%
BITEWING (4 PER YEAR)	100%
FLUORIDE (1 PER YEAR, NO AGE LIMIT)	100%

CHILD

NEW PATIENT EXAM AND GUM DISEASE SCREENING (INITIAL VISIT AND EVERY 2 YEARS)	100%
PERIODIC EXAM (1 PER YEAR IF 1 ST EXAM TYPE IS DONE, 2 PER YEAR IF NOT)	100%
EMERGENCY OR LIMITED ORAL EXAM (1 PER YEAR, PROBLEM FOCUSED)	100%
CHILD PROPHYLAXIS (2 PER YEAR, CLEANING)	100%
BITEWING (4 PER YEAR)	100%
FLUORIDE (1 PER YEAR, NO AGE LIMIT)	100%

PERIO

NEW PATIENT EXAM AND GUM DISEASE SCREENING (INITIAL VISIT AND EVERY 2 YEARS)	100%
PERIODIC EXAM (1 PER YEAR IF 1 ST EXAM TYPE IS DONE, 2 PER YEAR IF NOT)	100%
EMERGENCY OR LIMITED ORAL EXAM (1 PER YEAR, PROBLEM FOCUSED)	100%
PERIODONTAL MAINTENANCE (4 PER YEAR, NO ADD'L PROPHYLAXIS)	100%
GINGIVAL IRRIGATION (4 PER YEAR, NO ADD'L PROPHYLAXIS)	100%
BITEWING (4 PER YEAR)	100%
FLUORIDE (1 PER YEAR, NO AGE LIMIT)	100%

YOU WILL NOT RECEIVE A MEMBERSHIP CARD. YOUR PLAN'S EFFECTIVE DATE WILL BE ON FILE WITH OUR OFFICE.

HOW TO SIGN UP:

PLEASE ASK ONE OF OUR FRIENDLY TEAM MEMBERS TO JOIN, OR IF YOU HAVE ANY QUESTIONS

OTHER PROCEDURE DISCOUNTS (ALL PLANS)

XRAYS - COMPLETE SERIES / PANOREX (1 EVERY 3 YEARS)	25%
PERIAPICAL, FIRST FILM	15%
ADDITIONAL CLEANINGS PER YEAR	15%
SEALANTS	15%
CROWNS	15%
VENEERS	15%
SCALING & ROOT PLANING	15%
COMPLETE DENTURES AND PARTIALS	10%
IMMEDIATE DENTURES	6%*
ORAL SURGERY	15%
ROOT CANALS	15%
IMPLANTS & ALL IMPLANT RELATED SERVICES	6%*
3M Clarity Aligners**	6%*

* NO DISCOUNT FOR THESE SERVICES WHEN PAYING WITH CARE CREDIT

** FOR 3M ALIGNERS, MEMBER MUST REMAIN A PLAN MEMBER FOR THE DURATION OF TREATMENT TO RETAIN DISCOUNT PLAN BENEFITS

PROGRAM EXCLUSIONS AND LIMITATIONS

THIS PROGRAM IS A DISCOUNT PLAN NOT A DENTAL INSURANCE PLAN AND CANNOT BE USED:

- IN CONJUNCTION WITH ANOTHER DENTAL PLAN
- FOR SERVICES FOR INJURIES COVERED UNDER WORKMAN'S COMPENSATION
- FOR TREATMENT, WHICH, IN THE SOLE OPINION OF THE TREATING DENTIST, LIES OUTSIDE THE REALM OF THEIR CAPABILITY
- FOR HOSPITALIZATION OR HOSPITAL CHARGES OF ANY KIND
- FOR DENTAL PROCEDURES PERFORMED BY ANY OFFICE OTHER THAN BEASLEY DENTISTRY

PROGRAM GUIDELINES:

- CANNOT BE USED IN CONJUNCTION WITH OTHER PROMOTIONAL DISCOUNT OFFER
- PLAN IS NON-REFUNDABLE
- NO REFUNDS OF PREMIUMS WILL BE ISSUED AT ANY TIME IF THE PARTICIPANT DECIDES NOT TO UTILIZE DENTAL PLAN WITHIN A CALENDAR YEAR
- PATIENT'S PORTION OF BILL IS DUE SAME DAY OF SERVICE