

# Membership Form

## PRINT

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_  
Name of Covered Individual **(Print)**

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Work Telephone Number \_\_\_\_\_

One-time per-person membership fee. DentaQuest group PPO member: \$49.00

**DentaQuest Group Number:** \_\_\_\_\_

Non-DentaQuest group PPO member: \$99.00

This membership entitles you to discounts on your orthodontic care for 36 months.  
*This is not an insurance plan.*

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_  
Name of Responsible Party **(Print)**

Relationship: \_\_\_\_\_

## Method of Payment

Check or Money Order (payable to DentaQuest)

VISA  MasterCard

Account #: \_\_\_\_\_

Name Listed on Credit Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

By my signature, I hereby request membership and agree to be responsible for the above covered individual in the DentaQuest ORTHOSelect Plan.

Signature of Responsible Party \_\_\_\_\_

### Please mail application with payment to:

DentaQuest  
4061 Powder Mill Road, Suite 325  
Calverton, MD 20705-3149

1-800-334-6277 Toll Free  
301-937-0245 Fax  
www.dentaquestdental.com

Agent Name	DentaQuest Agent Number
Ritchie Sebeniecher	#13108

THIS IS NOT AN APPLICATION FOR INSURANCE

DQ18119/071BDM

**DentaQuest**  
4061 Powder Mill Road, Suite 325  
Calverton, MD 20705-3149

# DentaQuest

# ORTHOSelect



## The Orthodontic Only Discount Plan for Individuals

## Member Fee Schedule:

	Customary Fee	Member Fee
<b>Initial examination:</b>	\$45	No Charge
<b>Diagnostic records &amp; consultation:</b>	\$330	\$165
<b>Comprehensive orthodontic treatment standard two-year case (for children under the age 18):</b>	\$5,500	\$2,960
<b>Initial retainers and retention visits for adjustments/ observation for six months:</b>	\$650	\$250

*Additional visits are provided at \$20 per visit.*

All standard orthodontic treatment cases that extend beyond two years (twenty-four months) are prorated at your discounted rate of \$115 per month.

Orthodontics already in progress is not covered under the plan.

### The following services are offered at a 20% reduction of the participating orthodontist's usual and customary fees:

- Non-standard orthodontic treatment (for children under age 18) and Phase I treatment
- Adult orthodontic treatment (for patients 18 years old and over)
- Appliance therapy for tooth guidance and space management
- Any additional treatment or appliances necessary in addition to the standard two-year case

## Enrollment Instructions

Becoming a member of the DentaQuest ORTHOSelect plan is easy. Just follow these simple steps.

1. Please complete and return the attached Membership Form. Please allow 30 days to process your application and payment.
2. Include a check or money order made payable to DentaQuest or complete the credit card authorization section on the Membership Form (VISA and MasterCard only). PLEASE DO NOT SEND CASH.
3. After your application is processed your membership will become effective on the first day of the following month. Your DentaQuest Identification Card will arrive by mail.
4. Once you receive your card, you may make an appointment with any orthodontist listed in our ORTHOSelect Directory, or check our Web site, [www.dentaquestdental.com](http://www.dentaquestdental.com) for the ORTHOSelect Plan orthodontist listings. All treatment must be received from a participating orthodontist. When making your appointment, please confirm that the orthodontist is participating in our ORTHOSelect Plan.

DentaQuest is one of the leading dental benefits administrators in the country. Designed for the dental care environment where the demands for quality care and cost-effectiveness are equal factors, DentaQuest products succeed in combining the best of both worlds.

We are singularly focused on improving the oral health of our members through affordable and comprehensive dental programs. Oral health is our passion and it shows in everything we do.

### Why Choose a Plan for Orthodontics Only?

Many dental plans do not offer orthodontic coverage. This plan provides you with discounts on orthodontic services as a supplement to your current dental plan. If your current dental plan is a traditional or PPO plan, please consult with that carrier concerning coordination of benefits with this discount plan.

### Can I Use my Flexible Spending Account to Help Pay for the Discounted Cost of Treatment?

Absolutely! Though your flexible spending account cannot be used to pay for the cost of the premium, it may be used to help pay for the cost of treatment. Please contact your employer's human resources department for information on enrolling in your Flexible Spending Account.

### How Do I Select a Participating Orthodontist?

Please select a participating orthodontist from our ORTHOSelect directory or visit our Web site at [www.dentaquestdental.com](http://www.dentaquestdental.com) and click on the Find a Dentist link to locate a participating ORTHOSelect orthodontist.

