

# Kanning Dental Health Value Plan

# Membership Application

Enrollment Instructions:

Complete the following application for membership and return it with the first month's membership fees to:

**Kanning Dental**  
**P.O. Box 496**  
**Lawson, MO 64062**  
**Tel 816-580-4191 Fax 816-296-3058**

**Primary Member Information:**

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NUMBER
STREET ADDRESS			DATE OF BIRTH
CITY	STATE	ZIP CODE	AREA CODE & PHONE NUMBER

**Dependent Information: (List all eligible dependents you wish to cover below)**

LAST NAME	FIRST NAME	MI	RELATIONSHIP	DATE OF BIRTH
1				
2				
3				
Additional				
Additional				

**Coverage Information:**

**Authorization for Pre-Arranged Payments**

COVERAGE TYPE:

- SINGLE (\$ 34.00 per month)
- COUPLE (\$ 64.00 per month)
- FAMILY (\$ 98.00 per month)

In addition to base plan:

- PERIODONTAL RIDER (\$ 25.00 per month)

- Monthly Bank Draft (include voided blank check with application)
- Bank Name/Address \_\_\_\_\_
- Bank Routing Code # \_\_\_\_\_
- Bank Account # \_\_\_\_\_

There is a \$3.00 service charge for every credit card or payment card transaction

I have read and understand the terms and conditions of the Kanning Dental Health Value Plan as listed on the back of this form and hereby request membership. I also understand that the membership fees indicated above constitute acceptance for membership in the Kanning Dental Health Value Plan for the twelve (12) months beginning on the date that the application is actually received and approved. I hereby request and authorize Dental Practice Services, Inc. (DPS) to deduct a monthly membership fee from my account with the financial institution named above on the 5<sup>th</sup> of each month or the first business day thereafter. This authority shall remain in effect for the minimum twelve-month period and thereafter until revoked by me in writing and until said notice is actually received. I agree that DPS shall be under no liability whatsoever upon processing these payments in accordance with the terms.

**X** \_\_\_\_\_  
 Applicant Signature Date

**For Office Use Only**

IDENTIFICATION NUMBER	1 <sup>ST</sup> BILLDATE	APDATE	EFDATE	ENCFEE
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## Terms and Conditions:

- The discounted fees associated with the Kanning Dental Health Value Plan are reduced fees for services performed by Kanning Dental, LLC and in no way qualifies as a dental insurance program.
- The discounts associated with the Kanning Dental Health Value Plan are only available through Kanning Dental, LLC and are not available at other dental facilities.
- The monthly membership fees are to be paid for a minimum twelve (12) month period beginning at the date the application is actually received and approved and fees are non-refundable. Unless waived by the dentist, membership will automatically renew on the anniversary date and continue thereafter until cancelled, in writing. Written notice must be provided a minimum of thirty (30) days prior to termination date.
- Membership eligibility is defined as applicant, applicant's legal spouse, and any non-married children, under the age of 22, still living in the household, as a full-time student.
- Any additional dependents after three (3) dependents will have an additional surcharge of \$18 per month per dependent.
- Fees and plan discounts are subject to change without notice.
- If Nelson Kanning, DDS or L.G. Kanning, DDS refers you to a specialist, it is your responsibility to verify the specialist's participation in the Kanning Dental Health Value Plan. Services provided by participating specialists, where available, will be provided at a 15% discount. Specialist services include oral surgery, orthodontics, endodontics, periodontics and pedodontics. It is the member's complete responsibility to verify the specialist's participation in the Kanning Dental Health Value Plan and all discounts provided.
- Missed or broken appointments without 48-hour notice will be charged \$50.
- All member co-payments are due at time of service.
- Membership in the Dental Plan may be terminated for abuse and/or failure to pay membership fees or properly billed dental charges.
- The Kanning Dental Health Value Plan is administered solely by the dental office and may be discontinued at the end of any month with or without notice.
- Unless prior signed financial arrangements have been made, the fee is due, in full, the day of the service. No balances shall be carried by the dental office for more than 60 days after the dental services have been rendered. For this office to accept the Dental Plan or to offer payment plan, patient will be subject to a credit evaluation. If the account is sent to a collection agency, or to an attorney for non-payment, patient will be responsible for any and all collection fees, attorney fees, and accruing interest in addition to the unpaid balance.
- By accepting the Kanning Dental Health Value Plan, Nelson Kanning, DDS or L.G. Kanning, DDS or an associate must perform a comprehensive exam and personalized treatment plan for each member. Member-patients agree to follow recommended maintenance exams and visits and follow prescribed professional maintenance as prescribed by dental staff.
- Periodontal maintenance services (D4910) are excluded under the base Advantage Plus plan. A non-surgical periodontal maintenance rider can be purchased, in addition to the base plan, for a surcharge of \$25 per member, per month. Periodontal maintenance is limited to four (4) times per calendar year with a minimum 12-week separation between services. Monthly rider fee is payable for a minimum twelve (12) month period beginning at the date the application is actually received and approved and fees are non-refundable.

## Plan Limitations:

- Dental Plan benefits are limited to \$1500 per each covered family member per membership year.
- Prophylaxis is limited to twice (2) every calendar year with a minimum six-month separation between services. A difficult prophylaxis (heavy smoker, neglected teeth, etc.) is subject to a \$45 surcharge or type II periodontal disease treatment charges.
- Fluoride treatments are limited to twice (2) every calendar year with a minimum six-month separation between services, per member, up to age 19.
- Denture Relines are limited to once per calendar year.
- All covered replacements and services are subject to the co-pay percentages as listed in the Schedule of Services and the private fee schedule of Kanning Dental, LLC.
- There is a standard lab fee for precious metal. A \$250 per unit surcharge for precious metal and/or high noble metal shall be required.

## Plan Exclusions:

- Any dental procedure in progress (teeth prepared for crowns, root canals in progress, etc.) is excluded.
- Any dental procedure performed either before or after a member's eligibility period is excluded.
- Any dental expense incurred if the dentist is unable to perform a procedure due to the member's general health or physical condition is excluded (i.e. patient physically unable to visit the dentist's office, etc.).
- Replacement of a satisfactory filling is excluded.
- Any dental service provided to the member by state government or agencies thereof, or services provided without cost to the member by any municipality, county, or other subdivision is excluded.
- Replacement of lost or stolen dentures, bridgework, partials, or appliances is excluded.
- Bleaching of teeth for cosmetic or restorative purposes is excluded.
- Any dental procedure, appliance, or restoration to correct congenital, developmental, or medically induced dental disorders, including but not limited to, treatment of myo-functional, myo-skeletal, or temporomandibular joint dysfunction (TMJ) is excluded.
- Any dental procedure related to injuries which are intentionally self-inflicted is excluded.
- Any dental procedure not listed as a covered service, including but not limited to, general anesthesia, the services of an anesthesiologist, prescription medications, nitrous oxide, treatment required by reason of war, hospital and/or medical charges of any kind, surgery of fractures and/or dislocations, trauma to the mouth, emergency dental service, and the treatment of malignancies, is excluded.
- Dental procedure costs incurred for sedation dentistry, included but not limited to, oral, IV or inhalation, etc., is excluded.
- Any fixed prosthetic restoration that is upgraded using esthetic, customized porcelain and shading, processed by an esthetic quality laboratory and technician, is excluded.
- Dental Plan discounts for dental services provided in association of benefits received from an alternate source, including but not limited to, workman's compensation, medical/health insurance, general liability, auto insurance, business liability, etc. is excluded.
- Financing of co-payments from an outside source through Kanning Dental (i.e. Care Credit, etc.) is excluded.
- Coordination of Kanning Dental Health Value Plan benefits with other dental plans or insurance plans is excluded.