



Nick Cobb, DDS
 Rau Evans, DDS
 Heart of Texas Smiles
 General & Cosmetic Dentistry

QDP Patient Registration

Registration Date: _____

 Last Name First MI Date of Birth XX / XX / XXXX

 Address City State Zip Code

 Home Phone Cell Phone Work Phone Employer

List of Covered Dependents

Name	Birth Date	Age	Relationship	QDP Cost
_____	___ / ___ / ___	___	_____	_____
_____	___ / ___ / ___	___	_____	_____
_____	___ / ___ / ___	___	_____	_____
_____	___ / ___ / ___	___	_____	_____
_____	___ / ___ / ___	___	_____	_____

Quality Dental Plan – Total Amount Due: _____

**Payment
 Method**

Cash Check, # _____ Cred Card: MC VISA AmEx Disc

_____ Exp Date ___ / ___, Code _____ Cardholder Signature _____

Please read and sign below:

Quality Dental Plan offers significant savings on dental services. Because we are keeping our administration costs down and passing you this savings through our QDP membership, all fees for dental services are due, in full, when services are rendered. As a courtesy to our patients, we can arrange automated monthly payments through bank draft or credit card with a \$5.00 processing fee per transaction. I understand the benefits, limitations, exclusions, and requirements of this plan and agree to the terms presented to me in this packet.

Signature _____

Date ___ / ___ / ___



Nick Cobb, DDS
 Rau Evans, DDS
 Heart of Texas Smiles
 General & Cosmetic Dentistry

QDP Limitations & Exclusions

- If you have Periodontal Disease, a Periodontal Maintenance will be performed since a 'simple' cleaning will not be sufficient for your oral health care needs. The simple cleaning benefit, included in the QDP membership, will be applied to the costs of your Periodontal Maintenance cleanings two times in your plan year. The difference in fees will be your responsibility at the time of service. Each additional recall, will have the appropriate discount applied for periodontal maintenance cleanings.
- Services for injuries or conditions which are covered under Worker's Compensation or Employer's Liability laws
- Services which are provided without cost to the member by any municipality, county or other political subdivision
- Periodontics, endodontics, oral surgery or pedodontics requiring the services of a non-participating dentist/specialist outside of our office
- Whitening as complimentary as part of your membership are one in your membership year. They are not transferrable to other QDP members
- Membership fees are due payable, in full, at time of services and are not refundable
- All payment for services are due in full at time of services, or automated payments must be arranged
- All members of the same family account have the same anniversary date as the primary member
- QDP is offered to patients without dental insurance
- QDP Participants cannot use insurance benefits or any other dental coverage *in conjunction* with their Quality Dental Plan membership
- Interest-free automated payment plans up to 12 months duration may be available upon request with approved credit. Repayment duration is based on service totals and procedural type. A \$5 processing fee will be added to each payment
- Unused services, part of the QDP membership program, are not transferrable to other patients, or to other offices, and do not roll over to the next membership year
- A 48 hour notice is required to reschedule and/or cancel appointments or we reserve the option to bill you 25% of the scheduled treatment amount for your missed appointment
- If the full QDP membership fee is not collected within 12 months of enrollment, all fees for services provided during that time period will be retroactively reverted to our usual and customary fees.
- Demonstrated non-compliance with patient's recommended course of treatment

ORTHODONTIC EXCLUSIONS and LIMITATIONS

- Treatment programs which began before becoming a QDP Participant.
- Lost or broken appliances.
- Additional fees may be charged by the dentist for a) gross and consistent noncooperation and/or treatment non-compliance by the patient, b) accidents occurring during the treatment, c) treatment plans involving surgical orthodontics, d) myofunctional therapy, e) temporomandibular joint treatment, f) loose, broken or lost aligners/retainers.
- Treatment by any non-QDP dentist or specialist.

I understand the benefits, limitations, exclusions, and requirements of this plan and agree to the terms presented to me.

Signature _____ Date ____/____/____