



## **Membership Application**

Synergy Orthodontic & Dental Plan

926 Great Pond Drive, Suite 2002

Altamonte Springs, FL 32714

**1-800-786-1517**

**[www.synergydentalplan.com](http://www.synergydentalplan.com)**

# ORTHODONTIC & DENTAL PLAN

# Synergy



## CDT

Code	Description	Member Co-Pay	UCR	% Savings
<b>Diagnostic - Examinations</b>				
D 0120	Periodic oral exam	\$15	\$33	55%
D 0140	Limited oral evaluation	\$15	\$30	50%
D 0150	Comprehensive oral exam	\$25	\$58	57%

## Orthodontics - Braces

D 8080	Comprehensive Orthodontic Treatment - Child (Pre-payment Required)	\$3,395	\$4,300	21%
D 8080	Comprehensive Orthodontic Treatment - Child	\$3,895	\$4,300	9%
D 8090	Comprehensive Orthodontic Treatment - Adult (Pre-payment Required)	\$3,595	\$5,000	28%
D 8090	Comprehensive Orthodontic Treatment - Adult	\$4,195	\$5,000	16%

## Adjunctive - General Services

D 9110	Palliative (emergency) treatment of dental pain	\$45	\$86	48%
D 9972	Bleaching - Zoom	\$350	\$500	30%
D 9999	Broken appt. (less than 24 hr. notice)	\$30	\$50	40%

## Radiographs - X-rays

D 0210	Intraoral- complete series (including Bitewings)	\$60	\$103	42%
D 0220	Intraoral- periapical (first film)	\$12	\$20	40%
D 0240	Intraoral- occlusal film	\$15	\$29	48%
D 0270	Bitewing- one film	\$12	\$21	43%
D 0272	Bitewing- two films	\$20	\$33	39%
D 0274	Bitewing- four films	\$25	\$46	46%
D 0330	Panoramic film	\$50	\$84	40%

## Tests and Laboratory Examinations

D 0425	Caries susceptibility tests	\$10	\$35	71%
D 0460	Pulp vitality test	\$20	\$61	67%
D 0470	Diagnostic casts	\$50	\$130	62%

## Preventive

D 1110	Prophylaxis	\$40	\$69	42%
D 1120	Prophylaxis- child	\$30	\$48	38%
D 1203	Topical Application of fluoride- child	\$18	\$28	36%
D 1204	Topical Application of fluoride- adult	\$18	\$28	36%
D 1351	Sealant- per tooth	\$25	\$45	44%
D 1510	Space Maintainer- fixed, unilateral	\$175	\$288	39%
D 1515	Space Maintainer- fixed, bilateral	\$225	\$380	41%
D 1520	Space Maintainer- removable, unilateral	\$235	\$346	32%
D 1525	Space Maintainer- removable, bilateral	\$295	\$490	40%
D 1550	Re-cementation of space maintainer	\$40	\$62	35%

## Restorative Fillings

D 2140	Amalgam- one surface, primary or permanent	\$50	\$110	55%
D 2150	Amalgam- two surface, primary or permanent	\$70	\$143	51%
D 2160	Amalgam- three surfaces, primary or permanent	\$85	\$172	51%
D 2330	Resin- anterior one surface	\$65	\$115	43%
D 2331	Resin- anterior two surface	\$80	\$147	46%

## CDT

Code	Description	Member Co-Pay	UCR	% Savings
D 2332	Resin- anterior three surfaces	\$100	\$180	44%
D 2335	Resin - anterior four or more surfaces w/incisal angle	\$115	\$213	46%

## Crown- Single Restorations

D 2751	Crown- porcelain fused to non-precious metal	\$495	\$814	39%
D 2740	Crown- porcelain/ceramic substrate	\$600	\$886	32%
D 2750	Crown- porcelain fused to precious metal	\$600	\$874	31%
D 2910	Re-cement inlay, onlay or partial coverage restoration	\$40	\$80	50%
D 2920	Re-cement crown	\$50	\$81	38%
D 2930	Stainless steel, primary	\$120	\$220	45%
D 2931	Stainless steel, permanent	\$130	\$249	48%
D 2940	Sedative filling	\$40	\$84	52%
D 2950	Core buildup	\$120	\$210	43%
D 2954	Prefabricated post and core in addition to crown	\$150	\$265	43%

## Endodontics-Root Canals

D 3110	Pulp cap- direct (excluding final restoration)	\$30	\$62	52%
D 3120	Pulp cap- indirect (excluding final restoration)	\$30	\$51	41%
D 3220	Pulpotomy (excluding final restoration)	\$75	\$145	48%
D 3310	Root Canal- anterior	\$325	\$615	47%
D 3320	Root Canal- bicuspid	\$400	\$751	47%
D 3330	Root Canal- molar	\$600	\$970	38%

## Periodontics- Gum treatment

D 4210	Gingivectomy or gingivoplasty- per quad	\$400	\$600	33%
D 4211	Gingivectomy or gingivoplasty- per tooth	\$150	\$256	41%
D 4260	Osseous surgery- per quad	\$800	\$1375	42%
D 4261	Osseous graft- per tooth	\$400	\$798	50%
D 4341	Periodontal scaling and root planning - per quadrant	\$140	\$201	30%
D 4355	Full mouth debridement	\$80	\$134	40%
D 4910	Periodontal maintenance prophylaxis	\$80	\$138	42%

## Prosthodontics- Dentures & Partials

D 5110	Upper denture	\$800	\$1500	47%
D 5120	Lower denture	\$800	\$1500	47%
D 5211	Upper partial- resin base (w/clasps, rests & teeth)	\$625	\$1100	43%
D 5212	Lower partial- resin base (w/clasps, rests & teeth)	\$625	\$1100	43%
D 5213	Upper partial- cast metal base w/resin saddles	\$800	\$1500	47%
D 5214	Lower partial- cast metal base w/resin saddles	\$800	\$1500	47%
D 5410	Denture adjustment (upper)	\$40	\$68	41%
D 5411	Denture adjustment (lower)	\$40	\$68	41%

## Prosthodontics- Fixed- Bridge

D 6240	Pontic- porcelain fused to high noble metal	\$600	\$820	27%
D 6241	Pontic- porcelain fused to base metal	\$495	\$758	35%
D 6750	Crown- porcelain fused to high noble metal	\$600	\$937	36%
D 6751	Crown- porcelain fused to base metal	\$495	\$874	43%

## Oral Surgery- Extractions

D 7140	Extraction, erupted tooth or exposed root	\$85	\$128	34%
D 7210	Surgical extraction- erupted tooth	\$150	\$210	29%
D 7220	Removal of impacted tooth- soft tissue	\$200	\$289	31%
D 7230	Removal of impacted tooth- partial bony	\$250	\$345	28%
D 7240	Removal of impacted tooth- complete bony	\$300	\$425	29%
D 7510	Incision and drainage of abscess- intraoral	\$150	\$225	33%
D 7971	Excision of pericoronal gingiva	\$100	\$165	39%

Procedures not listed are subject to a 25% discount off of UCR.



**Please Review These Important Terms and Conditions Prior to Enrolling in Synergy Orthodontic and Dental Plan**

Synergy Orthodontic and Dental Plan, Inc. is NOT INSURANCE. Members pay the dental provider at the time of service. The discounts are authorized by separate contracts with the providers. If the Member has other health care coverage, an HMO or other insurance plan may cover a portion of the discount benefits. Members may be eligible for reduced cost or free programs provided by the government. The credentials of the dental professionals providing services have been verified. Synergy Orthodontic and Dental Plan, Inc. does not guaranty the quality of services or products offered by individual providers. Members shall have no recourse against Synergy Orthodontic and Dental Plan, Inc. with respect to the services provided by participating providers. Complaints regarding professional services should be directed to the appropriate State dental licensing authority. Membership benefits are limited to the discounted fees as itemized in the Schedule of Fees provided to you. Fees are subject to change on an annual basis.

A membership may be cancelled upon written notice postmarked within 30 days of its acceptance for a refund of the initial enrollment fee, less \$50. After membership has been in effect for 30 days, the Member may not cancel membership until the expiration date of the initial term of the membership. Unless Synergy Orthodontic and Dental Plan, Inc. is advised in writing at least 30 days in advance of the expiration of the initial or subsequent then current term of the membership, said membership shall be renewed for another year at the renewal rates cited on the Application by automatic charge to the member's credit card or bank account, whichever payment method was initially selected for renewal payments. The membership of any Member may be revoked and cancelled by Synergy Orthodontic and Dental Plan, Inc. if such Member does not comply with the policies of Synergy Orthodontic and Dental Plan, Inc. or the provider, including by reason of failing to make prompt payment for any procedure, for failing to pay any cancellation fee for missing an appointment, for failing to pay any fee when due or for providing false or misleading information to Synergy Orthodontic and Dental Plan, Inc. or the provider. In such cases, the Member will not receive any refund upon cancellation, and if such Member is part of a Family Plan, then Synergy Orthodontic and Dental Plan, Inc. shall have the right to revoke and cancel the membership of all Members of such family. Immediately upon any cancellation of membership, whether by the Member or by Synergy Orthodontic and Dental Plan, Inc. all benefits shall cease.

Provision of Credit Card or Bank Account numbers by applicant shall constitute approval to charge said accounts in the absence of applicant's signature until such signature is secured in person.

New Members are subject to acceptance by Synergy Orthodontic and Dental Plan, Inc. Synergy Orthodontic and Dental Plan, Inc. may refuse to accept any new Member at its discretion for any reason not prohibited by law. For purposes of the discounted membership fee for additional family members, family members include spouses and children 18 years of age and younger living in the same household as the primary member.

In the case of any dispute between the Member (and/or any additional family member) and Synergy Orthodontic and Dental Plan, Inc., which has not been resolved through negotiation between the parties, such dispute shall be settled and determined through arbitration in accordance with the Rules of Arbitration of the American Arbitration Association ("AAA"). Any arbitration pursuant to this agreement shall be held in Seminole County, Florida, and shall be conducted by a single arbitrator to be selected by other arbitrators, one of whom shall be selected by each party. The written decision of the arbitrator so selected shall be binding, final, and conclusive on the parties. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. The fees and expenses of arbitration shall be part of the award. The prevailing party in any arbitration shall recover its expenses and costs including reasonable attorney's fees from the other party.

One or more of the owners of Synergy Orthodontic and Dental Plan, Inc. may include one or more of the participating providers. However, participating providers do not pay any fees or other consideration to Synergy Orthodontic and Dental Plan, Inc. to participate in the discount dental plans sold by Synergy Orthodontic and Dental Plan, Inc. and participating providers do not share its fees for professional services with Synergy Orthodontic and Dental Plan, Inc.

The undersigned Member(s) acknowledge(s) and agree(s) to the foregoing and agree(s) that personal & medical information on any of the members covered by this Application may be shared by the dental provider with Synergy Orthodontic and Dental Plan, Inc. Spousal & child members 18 years old must sign below. A parent's signature below shall be on behalf of any minor children under 18 years of age covered by this Application.

Patient Signature \_\_\_\_\_ Patient Name \_\_\_\_\_

Date \_\_\_\_\_

Please fill out and mail payment to: Synergy Orthodontic & Dental Plan, 926 Great Pond Drive, Suite 2006, Altamonte Springs, FL 32714. Use additional sheet if needed. This plan is not dental insurance. The plan provides discounts for certain dental services when provided by dental providers who have contracted with Synergy Orthodontic & Dental Plan. If you have dental insurance this discount dental plan may be duplicative of you dental insurance. Synergy Orthodontic & Dental Plan does not coordinate benefits with any other dental insurance plan. Synergy Orthodontic & Dental Plan confirms that its dental providers are professionally licensed in your State, but does not guarantee the quality of services or products.

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth of Applicant \_\_\_\_\_ Male/Female   Residence or Work Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt # \_\_\_\_\_

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

Pay by Credit Card:  Visa  Mastercard Account # \_\_\_\_\_

Exp. Date \_\_\_\_\_ E Mail Address: \_\_\_\_\_

**List of Household Members**

First Name	Last Name	Date of Birth
_____	_____	____-____-____
_____	_____	____-____-____
_____	_____	____-____-____
_____	_____	____-____-____



**Any Questions?  
Please Contact Us:  
1-800-786-1517**

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