



**LOVELACE SENIOR PLAN MEMBERS  
SANDIA DENTAL PLAN**

Dental care can be expensive and hard to budget. Lovelace Senior Health Plan Members are able to enroll on our Sandia Plan offered by DentalSource. Through our extensive network of dentists, you will enjoy significant savings that will keep you smiling.

**What Is Covered?**

You will enjoy savings on most common dental services through guaranteed low, preset fees. Savings as much as 20% to 60% off most procedures. We encourage you to take good care of your smile by reducing fees for preventative services and additional savings on comprehensive services.

**Additional Benefits**

- No deductibles • No annual dollar maximum
- No claim forms • No pre-enrollment exams
- No pre-existing condition exclusions • No prior authorization requirements • No waiting period for services.

**What Is The Low Cost?**

Monthly Member Amount.....\$5.50  
 Annual Member Amount ..... \$66.00

Albuquerque (505) 237-1501

Toll Free: 1-888-862-8659

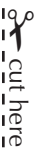
Fax: (505) 237-8344 TDD 1-505-237-1511

E-mail: sales@dentalourcenm.com

Web Site: www.dentalourcenm.com



10800 Menaul NE  
Albuquerque, NM 87112



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**PAYMENT OPTION MUST BE SELECTED.**

**PAYMENT CHOICE: Please check one (Please make checks payable to DentalSource, Inc.)**

Annual Payment (\$66.00)  Check  Visa  MasterCard  Discover

Credit Card #

Expiration Date

CVV #

Member's Signature X

Date

Monthly Bank Draft (\$5.50) Please charge my bank account monthly.  Checking  Savings

Routing #

Account #

**I have enclosed a check for my first month's payment of \$5.50 and a voided check.**

**DRAFT AUTHORIZATION / DENTALSOURCE, INC. MEMBER AGREEMENT** Unless I have elected annual payment, I hereby authorize DentalSource to charge my bank account each month the applicable membership fee to be credited to my account with DentalSource. This authority is to remain in full force and effect until I notify DentalSource in writing of its termination following my 12 month contract. (My bank is authorized to make corrections should any be necessary). I have read and understand the terms and conditions of this authorization. I hereby authorize the release of my dental records to DentalSource, Inc. for use in a quality review program.

Member's Signature X

Date

<b>SAMPLE OF SAVINGS</b>			
	<b>With No Coverage</b>	<b>With DentalSource Coverage</b>	<b>DentalSource Savings</b>
Consultation (9310)	\$75.00	No Charge	\$75.00
Exam (initial) (0150)	\$80.00	\$43.00	\$37.00
Bitewing 4 Films X-Rays (0274)	\$53.00	\$35.00	\$18.00
Adult Teeth Cleaning (1110)	\$88.00	\$60.00	\$28.00
Silver Filling 1 Surf (2140)	\$120.00	\$76.00	\$44.00
Resin White Filling 1 Surf (2330)	\$145.00	\$91.00	\$54.00
Root Canal Molar (3330)	\$940.00	\$660.00	\$280.00
Crown (Cap) (2750)	\$930.00	\$765.00	\$165.00
Denture (5110)	\$1525.00	\$1012.00	\$513.00
Partial Denture (5213)	\$1125.00	\$951.00	\$174.00

## HOW DO I JOIN?

- Review the brochure and select a dentist from the Sandia Provider List. Complete and sign the attached Enrollment/Authorization Form.
- Mail your completed Enrollment/Authorization Form with the correct payment to DentalSource.
- All Enrollment/Authorization Forms and payments received at DentalSource by the 23rd of the month, will be effective the 1st day of the following month. Requests received after the 23rd of the month will be effective on the 1st day of the 2nd following month.
- We require that you maintain your coverage for a full twelve (12) month period. Please note, as with all coverages, membership fees are non-refundable.** By electing coverage through DentalSource you are agreeing to maintain coverage for a full 12 months. If your health plan coverage should terminate mid-year, your dental policy still remains under the 12 month contract and cannot be terminated until your dental contract year has been met.

## WE OFFER TWO PAYMENT OPTIONS

### ANNUAL PAYMENT

- You may pay the entire annual membership fee of \$66.00 by check, money order, MasterCard, Visa or Discover Cards.

### MONTHLY BANK DRAFT

- If you wish to pay the membership fee on a monthly basis, payment must be made by Monthly Electronic Fund Transfer. To initiate the Monthly Bank Draft option, complete the front and back of the attached Enrollment/Authorization Form and provide **a check made out to DentalSource for the 1st months payment of \$5.50. In addition, please include a voided check from the bank you wish to have the membership fees drafted.** Each month your premium of \$5.50 will be automatically drafted from your bank account between the 3rd and 6th of the month for that month's coverage.

DentalSource will make reasonable efforts to collect unpaid premiums by sending written notice after the date that delinquent charges are due. Failure to pay any delinquent premiums will result in termination of coverage.

- The 12 month contract period is continuous and therefore does not allow for any lapse in coverage. Any additional charges to your account due to insufficient funds or overdraft fees will be the members responsibility and will not be refunded by DentalSource.

(Please Print Clearly)



<b>DentalSource</b>	Sandia Purple Plan	<b>Enrollment/Authorization Form - L</b>	DENTAL OFFICE SELECTED	
Social Security Number	Last Name	First Name	Coverage Effective Date	
Date of Birth	Sex (Circle One) M    F	Home Telephone	Alternate Telephone	
Home Address	City	State		
Email Address				

**PLEASE COMPLETE THE PAYMENT OPTION ON THE BACK OF THE ENROLLMENT/AUTHORIZATION FORM.**

DSSL

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