

JHK Private Dental Care Discount Plan  
(20 - 40 % Discount from Usual and Customary Fee)

- \$200 per year by Employer / Individuals, \$55 by the employee / individual for every calendar year.
- \$20 per month by Employer/ Individuals, \$75 (\$95 total during initial visit ) by the individual for every calendar year.

The Membership plans presented above, will cover the following:

The first visit includes:

Adults:

- Comprehensive Exam (D0150)
- Full Mouth Radiographs (D0210)
- Cleaning (D1110)

Children:

- Comprehensive Exam (D0150)
- X-rays (2 or 4 Bitewings)
- Cleaning (D1120)
- Fluoride Treatment (D1203)

The second visit (six months from the first visit) includes:

Adults:

- Periodic Exam (D0120)
- 4 Bitewings (D0274)
- Cleaning (D1110)

Children:

- Periodic Exam (D0120)
- 2 or 4 Bitewing x-rays
- Cleaning (D1120)
- Fluoride treatment(D1203)

Conditions

1. With \$255 per year payment plan, members are eligible for immediate preventive care and 20 - 40% Discount from the UCR (Usual and Customary Rate)
2. With \$20 per month payment plan members are eligible for immediate preventive care and 20 - 40 % Discount from the UCR. D0150, D0210, and D1110 are done before any other procedures are done.
3. If the patient is diagnosed with periodontal disease and needs (D4341) Scaling and Root Planing per Quadrant (commonly known as deep cleaning with local anesthetic injection) the patient has to pay out-of-pocket cost with 30% Discount from the UCR.
4. For monthly paying members, you must agree to a minimum six months contract in order to avoid the accrued difference of our discount fees.
5. If any member opts to cancel the membership, the individual must submit a written cancellation request two months prior to the desired cancellation month.
6. If the contract is breached without any written notice, JHK holds the right to enforce the collection of the accrued price difference of our discounted fees by utilizing a collection agency or attorneys. The fees incurred from the collection activity will be the patient's responsibility.
7. Monthly paying members will be charged on the 1st of every month until a written cancellation notice is received two months prior to the cancellation month.
8. All members are eligible for 20 - 40% discount for all preventative, minor, and major dental care.
9. Any work referred to a dental or medical specialists is excluded from our discounted fees.
10. Due to the nature of our business, if any retreatment is necessary, the fee charged will not be refunded to the patient.

11. All crowns will be guaranteed for five years. If any crown work needs to be retreated within the first 5 years will be done free of charge. This good faith guarantee will be voided if the patient fails to honor the agreed upon preventative treatment plan. This consists of a periodic exam (D0120), 4 bitewings (D0274), and cleaning (D1110) every six months beginning from the date the crowns are delivered.
12. Any tooth colored fillings that need to be redone within the first three years due to recurrent caries will be retreated free of charge. This good faith guarantee will be voided if the patient fails to honor the agreed upon preventative treatment plan. This consists of a periodic exam (D0120) 4 bitewing x-rays( D0274) and cleaning ( D1110) every six months.
13. After Root Canal Treatment, the tooth requires a full coverage restoration - crown - in order to avoid any type of fracture. If tooth loss is occurs after the root canal treatment in the absence of a crown, no refund of any sort will be given to the patient.
14. If retreatment of root canal is needed due to secondary infection, the patient will be referred to a root canal specialist. The patient is responsible for full treatment cost presented by the specialist office.
15. Monthly payment will be charged to your credit card using a Paypal account.
16. Terms and treatment fees are subject to change without notice.
17. Certain cases will require more in-depth planning and diagnostic activities, This can result in extra fees for the treatment planning of such cases.
18. When records are asked to be transferred to another dental office, we must be notified by the dental office staff, otherwise a fee of \$25 will be charged to make copies of all records.
19. Our fees are very competitive.
20. All discounted fees should be paid in full at the time of service unless special arrangements have been made. No exception.

#### Treatment Fee Compare with UCF and Our Fee. (UCR/JHK)

(UCF here represents 70% percentile of recommended treatment fee for 2012 given by a professional source)

#### (Examples)

D2391 Resin - based composite- one surface, posterior (\$183/\$92) >>50%DC

D2750 Crown-porcelain fused to high noble metal (\$1,184/\$748)>> 37%DC

D4341 Periodontal scaling and root planing, per quadrant (\$259/\$145)>> 45%DC

D5110 Complete denture, maxillary (\$1,733/\$1,250)>> 28%DC

D6010 Surgical placement of implant body (\$2,271/\$1,425)>> 38%DC

D3330 Molar root canal (excluding final restoration) (\$1,087/\$745)>> 32%DC