

*Introducing a New Affordable Way
to Cover Your Dental Expenses...*

The Dental Club

*Put all of your healthcare
money to work for you!*

*Avoid the middleman and get
better coverage!*

WILLIAM D. TITUS, DMD, PL
GENERAL & COSMETIC DENTISTRY
542182 U.S. Highway 1, Callahan, Florida 32011
904-879-3786



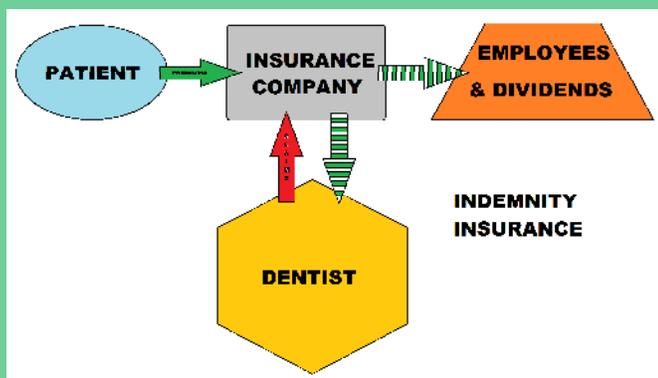
Either you pay for it all yourself, or you're fortunate enough to have dental insurance. That was about the only two options that patients had when a dental problem confronted them in the past. Real dental insurance is expensive and has very restrictive limits, caps and exclusions. Inexpensive managed care dental plans were one answer, but access to care was difficult and providers were limited.

The fact is, dentistry has seen no real innovation in the way patients pay for dental care in a long time--that is, until now.

A Dental Club is your dentist's way of eliminating the middle man--or third party. Modeled after managed care dental plans, the Dental Club offers patients a cost effective way to obtain prompt, cost effective care.

Classical dental insurance is indemnity insurance, meaning when your dentist renders care to you, they pay a set amount of money to your dentist for the care. This was the first form of third party payer schemes concocted. It quickly proved itself to be very costly and inefficient. Insurers paid whatever the dentist charged, or a set percentage as dictated by the policy, leaving unpaid portions for the patients to pay.

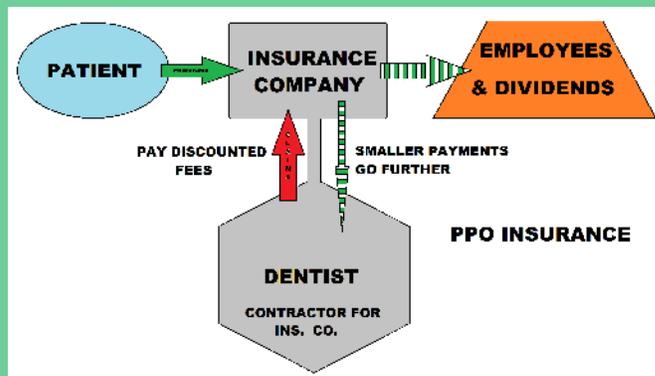
Insurers quickly discovered that they were



able to negotiate better prices for their patients by promising dentists a large volume of patients if they would reduce their fees somewhat. Those dentists who agreed to such became "Preferred Providers" with the insurer and helped the patient's limited benefits go further because of discounted fees. Deemed PPO's (*Preferred Provider Organizations*) these plans were not much different

than indemnity dental policies.

It was not until the 1970's that a new con-

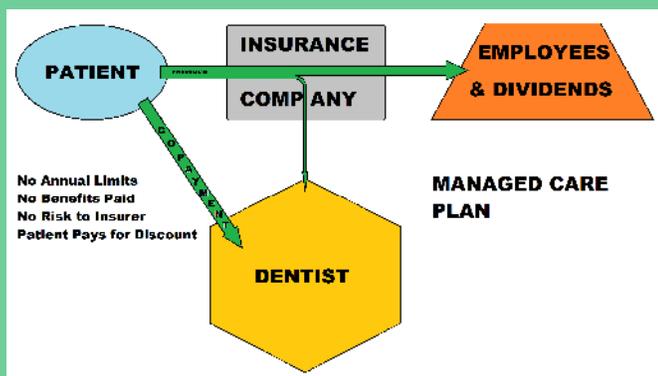


cept in providing for dental and medical care came onto the scene, that of the Health Maintenance Organization. These also came to be called "managed care plans." This type of plan, in its purest form, is not insurance--it pays nothing on your behalf more than a small payment each month. These monthly capitation payments are small, and usually amount to less than \$5.00 for each person assigned to the office. Whether the patient is seen or not that month, the dentist still collects this small payment for all those assigned to his office. So in a typical managed care practice, a dental insurer will place many hundreds to thousands of patients. This will provide a doctor with capitation payments of hundreds or thousands of dollars each month. In exchange for this capitation check, however, the dentist must accept a fixed fee schedule that heavily discounts his fees. Some items, like preventative and diagnostic procedures are discounted 100% and rendered to the patient at no cost. Other procedures under the contract are discounted 40 to 70%--the idea being that the capitation check makes up for the free dentistry and discounts provided.

Quickly, dentists and physicians learned that managed care plans were money losers. There was just no way to make decent profits on such plans and most well established, experienced and sought after professionals refused to participate with such plans--leaving young, inexperienced and less desirable doctors as the primary providers accepting such plans.

Another drawback of managed care plans is the fact that insurers pass all the RISK that they once incurred with traditional insurance, onto the care-giver. Dental insurers sell policies to employers based on several factors that calculate usage. A group of employees that have long had dental insurance would be provided lower rates than a group who never had it before. It was just one of many factor that helped them calculate how much money they would have to pay out in benefits and calculate premiums.

In typical managed care plans, annual limits do not apply, so if an employer decides to



provide a dental plan for his employees and those individuals have neglected their teeth because of a lack of insurance, the high usage of benefits will be born by the provider alone. High usage “dilutes” the monthly capitation payment, by having it compensate more and more discounted procedures. For instance, if Dr. Smith gets a cap check for \$1,000 and sees 20 managed care patients a month, the \$1000 is divided amongst 20 people to compensate for the free procedures or heavily discounted procedures provided. If however, high usage brings in 50 people a month, the compensation of the capitation check does not do much to make up for the hefty discounts provided to the managed care patient pool. Hence, Health Maintenance Organizations are now more commonly referred to as managed care because a doctor must “manage” how much access he gives to patients on such plans. Its common for a professional office to only allot a few appointment slots each day for managed care patients so that at the end of the month

there is a small profit realized from the plans and not a loss. Such action is actually suggested by the managed care plans.

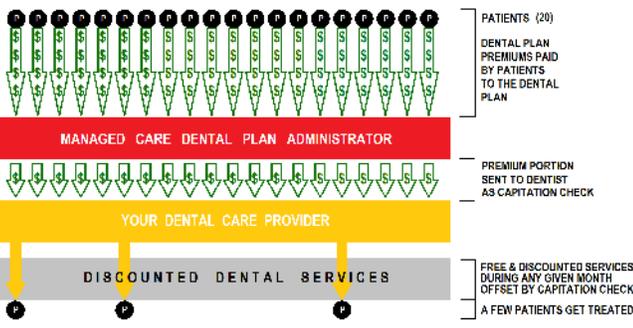
Soon after their wide-spread implementation, the short-comings of managed care plans became painfully apparent. Long waiting times for appointments were the first realization. Then it became apparent that less labor intensive procedures were elected over more appropriate and indicated procedures at the detriment of the patient.

With cash patients and traditional insurance, doctors earn more as they do more, while with managed care, doctors earn less as they do more. It a bad proposition for all involved. While some ethical providers who accept managed care keep these factors under check, and attempt to treat their managed care patients the same as their other patients, many do not.

For all their faults and shortcomings, managed care plans did do one thing--they reduced the cost of care for patients, but it came at a dear cost in access, quality and compromised procedures. This left many proponents of managed care asking: why?

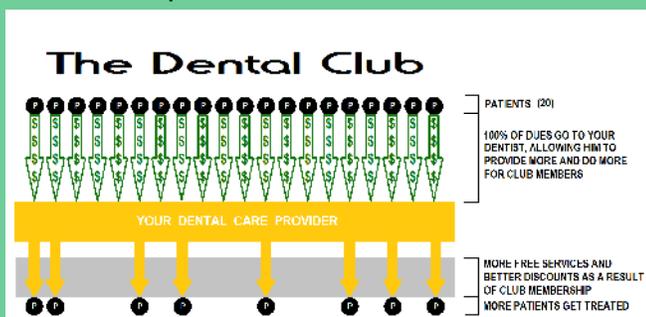
The big problem was with the fact that traditional insurers were selling these plans and they expected a handsome profit for themselves and their stockholders, as they had always had with their indemnity insurance products. When, at the end of the year, their actuarial data had been correct and usage was reasonable or low, the profits were good. However, managed care was a different beast altogether. Having passed all the risk onto the caregiver, they didn’t profit from their correct calculation of risk with such plans, yet they still wanted a cut of the premiums. This diverts substantial amounts of money from the patient/caregiver relationship. Where as the patient, or his employer, pay premiums for such plans that amount to \$20 or \$25 a month for an individual, the care-giver ends up with nothing more than three to five dollars per patient. That means just 20 to 25% is going to actual care! Managed care companies justified this siphoning off of the top by stating that they have to administer, market and recruit for the plan, but

Managed Care Dental Plans



in actuality, costs on the part of the plan administrator are much less than with traditional insurance. There are no claims to review, process or pay. There are no referrals to approve. There are no pre-authorizations to process. Simply, these managed care companies do little more than publish fee schedules, collect premiums and cut a capitation check each month. Yet they still take a lion's share of the premiums and bear no risk.

What would have happened to managed care if the middleman could be eliminated and all the premium dollars get funneled into patient care? Many believe the results would be quite different for Managed Care. Instead of paying for palatial high rises that house these corporations and all their "executives," the full premium going to the provider would make for greater access and greater profit margin. Instead of wanting to avoid managed care because it's a losing proposition, dentists and physicians would be more likely to welcome it. More appointment slots would be opened up for these patients and more providers of a higher, more experienced caliber would accept it!



Hence the Dental Club. While not a managed care plan, it is a buying club for our patients that mimics many of the aspects of a managed care plan. Implemented by your

caregiver, it puts 100% of your money to work for you, instead of the 20 to 30 percent that most managed care plans dedicate. Gone are the middlemen who skim off the top.

As a club member, you received the following benefits:

- Up to 4 Dental Prophylaxes per year*
- Free Radiographs
- Free Fluoride Treatments for those under 18
- Free Sealants
- Free Exams (initial, periodic and limited)
- Fillings at 40 to 50% off UCR fees
- Root Canal Therapy at 50% off
- Crowns and Bridges at 50% off
- Full and Partial Dentures at 40% off
- Other procedure discounted 25 to 60%

Club members pay a small usage fee at each visit of \$5.00 to cover consumables and sterilization of instruments--similar to copayments made under managed care plans.

- * 3rd & 4th only on the order of dentist or hygienist

The dental club offers you all the benefits of a managed care dental plan and more, and **100% of the dues you pay are used for patient care**, unlike those premiums paid to managed care middlemen and their sales force.

You'll probably find that Dental Club dues are quite similar to what a managed care company charges for a dental plan. In addition to the similar discounts and free services that are part of the plan, you also have:

- No pre-authorizations
- No changing offices if your plan is dropped
- No large annual payment
- No third party interference

If you need more information on this plan, see our club membership form or ask any of our office staff. We believe this exciting new club for our patients is a win-win for all involved and we encourage you to consider it for your dental care. For those patients who have an employer providing them insurance or a dental plan, you may find your employer willing pick up this cost in lieu of their normal coverage--as in many instances it is more cost effective and provides you better care.

JOIN THE CLUB!

The Dental Club

Membership Application

WILLIAM D. TITUS, DMD, PL
542182 U.S. Highway 1, Callahan, FL 32011 - 904-879-3786

Name: _____
(LAST) (FIRST) (M.I.)

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Married: Yes No

Now Insured: Yes No Minor Children: Yes No

Are you a current patient of our office? Yes No

Associate Members

(Members must be legal, relatives residing in the same home and under 18 years of age, unless they are a full time student)

Spouse's Name: _____

Minor Child (1): _____ D.O.B.: _____

Minor Child (2): _____ D.O.B.: _____

Minor Child (3): _____ D.O.B.: _____

Minor Child (4): _____ D.O.B.: _____

(any additional members added to membership are at \$5.00 per month and subject to approval)

This application for membership, and its subsequent approval by our office, is a binding legal contract to pay the full cost of said annual membership. The costs of Dental Club memberships are as follows:

- Individual Membership - \$ 216 per year, or \$18 per month (\$19 / month, if billed monthly)
- Family Membership - \$336 per year, or \$28 per month (\$29 / month, if billed monthly)
- Additional Members - in excess of 1 spouse and 4 minor children - \$5.00 per person / month (\$60 per year)
- Minor Membership - when only one child under 18 is enrolled independently- \$ 120 per year (\$132 if billed monthly)

(the box[es] checked and corresponding costs apply to this contract)

Memberships are sold only on an annual basis and we are unable to provide refunds or credits on memberships due to the nature of the club and the way benefits are derived from membership. You may pay for membership in 12 monthly installments, billed to your credit card / debit card, but a \$1.00 per month processing fee will be added to the total cost.

You may not use any type of dental insurance or managed care dental plan in conjunction with the discounted services that are provided in the membership.

The fee schedule provided for members is not fixed, and can change as UCR fees are adjusted because of inflation. Because we provide just one fee schedule for club members and members join at different times, it is possible that you can be into your membership and have the fees you pay change. Such changes will NEVER be in excess of 5%, and most likely less, if they do occur. This does not apply to those procedures which are provided free of charge to members, only those procedures which are percentage discount off of our UCR fee schedule. As fee schedule changes will never occur more than once in a twelve month period, we can ensure patients that if a change does occur, it will be limited to no more than one in any given membership period.

Services listed on the fees schedule are not a guarantee that this procedure is available to you or at our office. Your doctor treatment plans procedures based on your need and what is indicated in a given situation. In certain instances, it may be deemed--in your doctor's professional assessment--that a given procedure be undertaken by a dental specialist. We refer patients (members and non-members alike) for specialty care for certain dental procedures which include, but are not limited to: Molar Endodontics, Periodontal Surgery, Surgical Tooth Extraction, Endodontic Retreatment, Endosseous Implant Placement, Pediatric Sedation, Orthodontic Therapy and other limited procedures. We have entered into relationships with specific specialists who have agreed to provide members with a 25% discount off of services.

Certain procedures are limited by age, which includes:

- Pit and Fissure Sealants, benefit only applies to permanent molar teeth on individuals aged 17 and younger.
- Fluoride Treatments, benefits only applies to individuals aged 17 and younger and only if indicated.
- Orthodontic Therapy and Pedodontics is not a part of the Dental Club.
- Crowns and Bridges are a benefit that is applicable only to individuals OVER 12 years of age and is dependent on patient cooperation.
- Periodontal Therapy (Scaling & Root Planing) is limited to individuals 14 years and older.

Memberships are non-transferrable and new members may NOT be added or dropped from the club membership during the contract year. A membership card provided you and the associate members must be presented at time of service for your discounted fees. While we can link the membership fee schedule to your account, the active dates of your membership require research and as such, we require club members to make their card available for inspection to insure the individual's membership is active and in good standing. We also require photo identification to prove a member is the individual on the membership as do most insurance plans. Minor children can use school identification cards, state issued identification cards, passports or the like. Small children may have this requirement waived.

Patients paying their membership in monthly installments must ensure that when using a credit card or debit card for payment of the monthly installment that sufficient credit or funds are available. We run all membership installment payments on the 15th of each month (or earlier if this date falls on a non-working day). All declined credit card payments will result in a single notification. After the notification of a declined credit card transaction, we will run the card one week later. If that transaction is not successful, your membership will become due in full and it may be paid by check or cash. Failure to pay within 14 days will result in the entire balance being charged to your credit/debit card as soon as credit or funds become available for such.

Laboratory prosthetic devices such as crowns, bridges and dentures do NOT incur laboratory fees on top of published fees, as most managed care plans allow, but precious metal charges DO apply. Laboratory services and repairs on dentures or prosthetic devices will incur laboratory fees.

Standard dental prophylaxis service is rendered 1 to 2 times per year. Should our hygienist deem that more regular dental prophylaxis care be beneficial, your club membership allows up to 4 per year. Patients diagnosed with Periodontal Disease are not eligible for prophylactic or preventive care and will be treatment planned for definitive therapy to treat Periodontitis. Patient's having been diagnosed as having Periodontal issues, will also be placed on periodontal maintenance for 2 years or more after initial therapy. Such therapy will continue until patients state of gingival health dictates such maintenance therapy is no longer required. Some patients never reach such a point.

Children 6 and older may be assigned to membership, but should cooperation of the child be insufficient to render care in the general practice setting, referral for specialty care can and will be made. Membership does not guarantee that care can be rendered to any patient, and Pedodontic care is not part of the Dental Club.

Club Membership is not dental insurance or a managed care dental plan. You are responsible for any discounted fees that are quoted you from the membership fee schedule. Certain uncommon procedures not on the fee schedule and render by Dr. Titus, are provided at a 25% discount off of our normal UCR fees.

Outstanding balances from previous treatments or broken appointments, can preclude further club benefits until such balances are paid. Failure of a monthly payment to process on your credit card may result in the balance of the annual membership becoming due immediately. **Broken appointments are billed at \$50 per hour appointment.**

By signing this document, I signify that I wish to join the Dental Club of William D. Titus, DMD, PL, and agree to the above terms.

SIGNATURE

DATE

PRINTED NAME OF MEMBER

ANNUAL PAYMENT MONTHLY INSTALLMENTS

The Dental Club Member Fee Schedule

01132015

William D. Titus, DMD, PL - 542182 U.S. Highway 1, Callahan, FL 32011

D0120	Periodic Oral Evaluation	\$ 0.00
D0140	Limited Oral Evaluation-Problem Focused ...	\$ 0.00
D0150	Comprehensive Oral Evaluation	\$ 0.00
D0170	Re-evaluation-Limited, Problem Focused.....	\$ 0.00
D0180	Comprehensive Periodontal Evaluation.....	\$ 0.00
D0210	Intraoral Complete Series of X-rays.....	\$ 0.00
D0220	Intraoral-Periapical-First Film.....	\$ 0.00
D0230	Intraoral-Periapical-Each Add'l. Film	\$ 0.00
D0240	Intraoral-Occlusal Film.....	\$ 0.00
D0270	Bitewing X-ray Film-First Film.....	\$ 0.00
D0272	Bitewing X-ray - Two Films	\$ 0.00
D0274	Bitewing X-rays - Four Films.....	\$ 0.00
D0277	Vertical Bitewings - 7 to 8 Films.....	\$ 0.00
D0330	Panoramic Radiograph	\$ 0.00
D0470	Diagnostic Casts.....	\$ 33.00
D1110	Prophylaxis - Adult.....	\$ 0.00
D1120	Prophylaxis - Child (under 12)	\$ 0.00
D1203	Topical Application of Fluoride-Child	\$ 0.00
D1204	Topical Application of Fluoride-Adult	\$ 0.00
D1206	Topical Fluoride Varnish.....	\$ 5.00
D1330	Oral Hygiene Counseling.....	\$ 0.00
D1351	Pit & Fissure Sealants	\$ 5.00
D2330	Composite Restoration - 1 surf., anterior.....	\$ 46.00
D2331	Composite Restoration - 2 surf., anterior.....	\$ 63.00
D2332	Composite Restoration - 3 surf., anterior.....	\$ 74.00
D2335	Composite Restoration - 4 surf., anterior.....	\$ 172.00
D2391	Composite Restoration - 1 surf., post.	\$ 63.00
D2392	Composite Restoration - 2 surf., post.	\$ 78.00
D2393	Composite Restoration - 3 surf., post	\$ 95.00
D2394	Composite Restoration - 4 surf., post	\$ 172.00
D2610	Inlay-Porcelain/Ceramic-One Surface	\$ 245.00
D2620	Inlay-Porcelain/Ceramic-Two Surface	\$ 296.00
D2630	Inlay-Porcelain/Ceramic-Three Surface.....	\$ 347.00
D2740	Crown-Porcelain/Ceramic Substrate	\$ 499.00
D2750	Crown-Porc./Fused to High Noble Metal	\$ 463.00❖
D2752	Crown-Porc./Fused to Noble Metal.....	\$ 435.00❖
D2790	Crown-Full Cast High Noble Metal	\$ 499.00❖
D2799	Crown-Provisional.....	\$ 110.00
D2930	Crown-Prefab. S.S. Cm.-Primary	\$ 70.00
D2930	Crown-Prefab. S.S. Cm.-Perm.....	\$ 182.00
D2950	Core Buildup, Incl. Any Pins	\$ 55.00
D2952	Cast Post & Core	\$ 137.00
D2954	Prefabricated Post & Core	\$ 83.00
D2961	Labial Veneer-Resin-Laboratory.....	\$ 188.00
D2962	Labial Veneer-Porcelain Laminate.....	\$ 436.00
D2970	Temporary Crown-Chairside.....	\$ 34.00
D2971	Proc. to Construct Crown under RPD.....	\$ 131.00
D2980	Crown Repair.....	\$ 110.00
D3110	Pulp Cap-Direct	\$ 14.00
D3120	Pulp Cap-Indirect	\$ 12.00
D3220	Therapeutic Pulpotomy	\$ 44.00
D3221	Gross Pulpal Debridement.....	\$ 120.00
D3310	Anterior Root Canal Therapy	\$ 166.00
D3320	Bicuspid Root Canal Therapy	\$ 276.00
D3332	Incomplete Endodontic Therapy	\$ 160.00
D4320	Prov. Splinting-Intracoronar-per tooth.....	\$ 75.00
D4321	Prov. Splinting-Extracoronar-per tooth.....	\$ 44.00
D4341	Perio. Scaling/Root Planing - per quad.....	\$ 70.00

D4342	Perio Scale/Root Plane- 1 to 3 teeth/quad....	\$ 52.00
D4355	Full Mouth Debridement.....	\$ 63.00
D4381	Localize Delivery of Meds	\$ 42.00
D4910	Periodontal Maintenance Proc.	\$ 47.00
D5110	Complete Upper Denture	\$ 660.00
D5110	Complete Lower Denture	\$ 660.00
D5130	Upper Imm. Denture.....	\$ 662.00
D5140	Lower Imm. Denture.....	\$ 662.00
D5211	Max All Resin RPD.....	\$ 352.00
D5212	Mand All RPD.....	\$ 352.00
D5213	Maxillary RPD-Resin/Cast Metal Frame	\$ 685.00
D5214	Mandibular RPD-Resin/Cast Metal Frame....	\$ 685.00
D5281	Rem. Unilateral RPD (Nesbitt)	\$ 430.00
D5410	Adj. Complete Denture - Max.....	\$ 34.00
D5411	Adj. Complete Denture - Mand.....	\$ 34.00
D5421	Adj. Partial Denture - Max.....	\$ 34.00
D5422	Adj. Partial Denture - Mand.....	\$ 34.00
D5510	Repair Broken Comp. Denture Base.....	\$ 45.00*
D5520	Replace Missing/Broken Teeth/Complete....	\$ 52.00*
D5610	Repair Resin Denture Base/Partial	\$ 52.00*
D5620	Repair Cast RPD Framework.....	\$ 52.00*
D5630	Repair/Replace Broken Clasp.....	\$ 53.00*
D5670	Replace Teeth/ Rebase RPD.....	\$ 80.00*
D5820	Interim RPD-Maxillary	\$ 379.00
D5821	Interim RPD-Mandibular.....	\$ 379.00
D5850	Tissue Cond./Maxillary.....	\$ 89.00
D5851	Tissue Cond./Mandibular	\$ 89.00
D6210	Pontic-High Noble Metal/Porc.	\$ 462.00❖
D6212	Pontic-Noble Metal/Porc.	\$ 435.00❖
D6240	Pontic-Base Metal/Porc.	\$ 425.00
D6245	Pontic-Ceramic Substrate	\$ 499.00
D6740	Bridge Crown-Ceramic Substrate	\$ 499.00
D6750	Bridge Crown-High Noble Metal/Porc	\$ 462.00❖
D6752	Bridge Crown-Noble Metal/Porc.....	\$ 434.00❖
D6067	Implant Supported Metal/Ceramic Crown	\$ 945.00❖
D6972	Prefab Post & Core for Retainer Tooth	\$ 105.00
D6973	Core Buildup for Retain.....	\$ 84.00
D7140	Extraction, Erupted, non-surgical	\$ 58.00
D7210	Extraction, surgical	\$ 100.00
D9230	Nitrous Oxide - per 1/2 hr. unit	\$ 26.00
D9440	Office Visit-After Hours.....	\$ 105.00
D9940	Occlusal Guard	\$ 242.00
D9920	Behavior Management, By Report	\$ 26.00
D9947	Cut Off Existing Crown.....	\$ 33.00
D9999	Plug Endo Access in Crown.....	\$ 80.00

* Laboratory charges in addition to the listed fee on procedure.

❖ Precious metal surcharges apply to listed fees.

Club benefits are for procedures which are indicated to treat diseased teeth, missing teeth due to disease and certain dental trauma not covered under other insurance. Elective cosmetic dentistry is not part of Dental Club membership. Members will enjoy a 15% discount on cosmetic/elective procedures. Procedures not listed on this fee schedule are charged at 25% off of normal UCR fees.

Your Dental Club fees may not be used in combination with any insurance plan, dental plan or discounts.

Fee schedule may change for increases in fees, but at no time will said fee increases be more frequent than once per annum and increases will never exceed 5% in any given year.

Listed procedures are not a guarantee that service will be performed. All dental services are provided on the authorization/prescription of your dentist. (01/13/15)