140 N. Villa St. Porterville, CA 93257
559-784-6523
drhardt.com

Dental Discount Plan

Richard Hardt, D.D.S. Family Dentistry Comprehensive Dental Plan is designed to provide affordability and greater access to quality dental care. Your benefits are available only at Richard Hardt, D.D.S.

With your Comprehensive Dental Plan there are:

No Yearly Maximum Coverage Plans:
Single Plan $450.00
Dual Plan $875.00
Family Plan-Dual Plan + $100.00 /Child (ie $450.00 + $100.00/Child)
No Deductibles
No Claim Forms
No Pre-Authorization Requirements
No Pre-Existing Condition Limitations
Immediate Eligibility (No waiting periods)
Free Orthodontic (Invisalign) Consultations (Adult Ortho age 16+)

Program Exclusions and Limitations

This program is a discount plan, not a dental insurance plan and is secondary to any other dental plan. It cannot be used:

In conjunction with another dental plan
For services for injuries covered under workman's compensation
For treatment which, in the sole opinion of the treating dentist or doctor, lies outside the realm of their capability.
For referrals to specialists
For hospitalization or hospital charges of any kind
For costs of dental care which are covered under automobile medical claims

This plan is only honored at Richard Hardt, D.D.S. Family Dentistry. This dental plan is not an insurance plan that can be used at any other dental office.

Program Guidelines

Benefit coverage table is subject to revision annually
There will be a $50 reinstatement fee if your plan lapses
Cannot be used in conjunction with another dental plan
NON-REFUNDABLE
No refunds or premiums will be issued at any time if participant decides not to utilize dental plan

**The Family Plan includes children who are enrolled full-time in college until age 23, or children who are not enrolled to age 18.

RICHARD HARDT'S
LIVE OAK
DENTAL

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Coverage Table

Diagnostic and X-Rays

Treatment	*Discount*
Comprehensive Exam (New patient, Initial Visit)	100%
Periodic Exam (2 per year)	100%
Limited Oral Exam, Problem Focused (1 per year)	100%
Intra-Oral – Complete Series, Full Mouth (1 every 3 years)	100%
Intra-Oral – Periapical First Film	100%
Intra-Oral – Periapical Each Additional Film	100%
Bitewings (1 per year)	100%

Preventative Care

Treatment	*Discount*
Child Prophylaxis (Cleaning) (2 per year)	100%
Adult Prophylaxis (Cleaning) (2 per year)	100%
Topical Fluoride (2 per year)	100%
Sealants	50%

All Other Procedures

Treatment	
Bleaching	10%
Fillings	10%
Crowns	10%
Periodontics	10%
Dentures and Partials	10%
Oral Surgery	10%
Root Canals	10%
Orthodontics (Invisalign)	10%

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Application New ☐ Renewal ☐

Print clearly in ink, and answer all questions or indicate "not applicable."

Your Profile		
Name	Sex M F	Email Address
Social Security #		Driver's License #
Address		
City	State	Zip
Home Phone #	Work #	Cell #

Your Spouse Profile		
Name	Sex M F	Email Address
Social Security #		Driver's License #
Address		
City	State	Zip
Home Phone #	Work #	Cell #

Your Children				
Name	Sex M F	Age	Social Sec. #	
Name	Sex M F	Age	Social Sec. #	
Name	Sex M F	Age	Social Sec. #	
Name	Sex M F	Age	Social Sec. #	
Name	Sex M F	Age	Social Sec. #	

_____ _____

Member's Signature Date

Please mail or fax this completed application with appropriate payment (check or credit card) to:

Richard A. Hardt, D.D.S.
Atten: Comprehensive Dental Plan
140 N. Villa St. Porterville, CA 93257
559-784-6523 · Fax 559-784-2165

Annual Fee – Circle one
Single Plan $450.00
Dual Plan $875.00
Dual Plan + $100.00/Child

Make check payable to Dr. Hardt

Authorized Signature: _____