

# TDP

## APPLICATION FOR TUMAN DISCOUNT PLAN

W.MICHAEL TUMAN, D.M.D  
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7111 LINCOLN DRIVE  
PHILADELPHIA, PA 19119

### **Personal Information (please print):**

Name \_\_\_\_\_

E-Mail Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

### **Spouse/Partner Information:**

Name \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Cell \_\_\_\_\_ Work \_\_\_\_\_

### **Children's Information:**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

**Plan Cost: Individual \$250.00**                      **Add'l Adult Family Member \$150.00** \_\_\_ x \_\_\_\_\_

**Family Member (under 19) \$125.00** x \_\_\_ = \_\_\_\_\_      **Children (under 5) \$100** x \_\_\_ = \_\_\_\_\_

**Total Annual Cost:** = \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Payment type: Check \_\_\_\_\_

Credit Card:    AMEX                      Discover                      Visa                      Mastercard

Number \_\_\_\_\_ Exp Date \_\_\_\_\_ CVR code \_\_\_\_\_

Zip Code for Card Holder \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

Auto-renewal? Yes \_\_\_\_\_ No \_\_\_\_\_

OFFICE USE ONLY- PATIENT CHART NUMBER \_\_\_\_\_/EMP ID \_\_\_\_\_

# **TDP**

TUMAN DISCOUNT PLAN

## **TDP Plan Benefits:**

- No Pre-Authorization Required
- No Waiting Periods or pre-existing Exclusions
- No Annual Limits
- No Deductibles
- Cosmetic Dentistry Included
- Discounted Dental Fees

## **Coverage Includes:**

- Periodic Exams (two/year) 100%
- Cleaning (two/year) 100%
- Full Mouth Series (one/5years) 100%
- Bitewings (one set/year) 100%
- Periapical (1st film & 2 add'l/year) 100%
- Fluoride (two/year) under 19 yrs 100%
- 25% off most other dental procedures\*

## **Terms and Limitations of the Plan**

- Family members cannot be substituted in for another family member
- This plan is Non-Refundable. No refunds given if patient chooses not to use their dental plan.
- This is a dental discount plan and is NOT dental insurance. It cannot be combined with any dental insurance.
- Your effective date is the day you sign up and your renewal date is the same date every year. Plan expires after 1 year.
- Co-payment is due at time of service for any work received.
- Rates are subject to change annually.
- Our plan is good only at Dr. Tuman's office, therefore if you are referred to a Specialist, discounts offered to members will not apply.
- A fee (based on length of appointment) may incur for each broken appointment without a 24-hour advance notice.
- The exams, x-rays, cleanings, and fluoride must occur within the year of enrollment and cannot be carried over to the next year.

**\*does not apply to office specials, anesthesia, antimicrobial treatment, medications or dental supplies. 15% discount for orthodontics.**