



*Dental Care Advantage*  
**ENROLLMENT APPLICATION**  
*For Metro Dentalcare*

**Application Instructions**

<p>1. <b>Complete application.</b></p> <p>2. <b>Choose payment option:</b> check payable to ADPS or indicate credit card information.</p> <p>3. <b>Mail completed form with payment.</b></p>	<p><b>Mail to:</b>          American Dental Professional Services          9054 North Deerbrook Trail          Milwaukee, WI 53223</p>
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**Program Type Desired:**       Individual \$5 per month or \$48 per year

Individual Plus One \$7.48 per month or \$78 year       Family \$9.98/mo or \$98 per year

Last Name	First Name	M.I.	Birth date Mo/Day/Yr	Male	Female
<u>Subscriber</u>			/ /		
<u>Spouse</u>			/ /		
<u>Dependents</u>			/ /		
			/ /		

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_ Email Address

**Program Payment Options**

<input type="checkbox"/> <b>Check:</b> Make check payable to ADPS for your annual payment. No monthly payment accepted via check.	
<input type="checkbox"/> <b>Credit Card:</b> Fill out credit card information below <input type="checkbox"/> Monthly payment <input type="checkbox"/> Annual payment	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
_____ Credit Card Number	_____ Expiration Date
_____ Name as it appears on card	
<p><b>I authorize American Dental Professional Services to charge my Credit Card account as indicated above.</b></p>	
_____ Cardholder Signature	_____ Today's Date

Family members can be added or removed at any time by contacting the Customer Service Department. Program fees may change if the number of covered members changes. All questions, inquiries or complaints should be directed to our Customer Service Department at 1-888-540-9488, by e-mail at amdps@amdpi.com, by facsimile at 1-877-545-4549, or by mail at: ADPS, 9054 N. Deerbrook Trail, Milwaukee, WI 53223

If at any time you choose to change your mode of payment simply contact our Customer Service Department. Changes in mode of payment can be processed within 30 days of our receipt of the request.

**I acknowledge that I have read and agree to all of the program policies, terms and conditions.**

**Subscriber Signature:** \_\_\_\_\_

OFFICE USE	Date Received: _____	Date Entered: _____
Effective Date: _____		



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## **TERMS AND CONDITIONS**

The Dental Care Advantage provides members access to a network of participating healthcare providers that have agreed to make certain health care services available to members at a pre-negotiated discount. The healthcare services include discounted dental, vision, prescription drug, chiropractic and hearing services in accordance with a specific pre-negotiated discounted fee schedule. The program does not discount all procedures. The program does not provide discounts on other medical or hospital services.

The discounted services are offered by independent providers who are not employees or agents of American Dental Professional Services (ADPS). ADPS does not guarantee the continued participation of any provider in a program and provider fees are subject to change without direct notice. The discount programs may not be used in conjunction with any other plan or program. Please verify your payment responsibility prior to receiving services.

Enrollment Applications received by the 15th of the month will be made effective the 1<sup>st</sup> of the following month, unless specifically requested by the member to be effective sooner. Annual payers will be effective for 12 months after their initial effective date. An invoice for renewal will be sent to annual payers approximately 45 days before the end of this period. If a renewal payment is not received by the annual termination date, the membership will be cancelled. Monthly payers will be effective as long as the member continues to pay (via credit card or EFT transactions processed by ADPS) the monthly fee for the discount program. Monthly payers must notify ADPS by phone or in writing when they wish to cancel their membership. Membership will be terminated effective the last day of the month that ADPS receives notification.

Membership can be cancelled at any time. If the member cancels the membership within the first thirty (30) days after receipt of the discount card and other membership materials, the member shall receive a reimbursement of all fees paid for the program. If the member cancels the membership after a period of thirty (30) days, the reimbursement of membership fees will be prorated. ADPS reserves the right to terminate a program member from the discount program for any reason including non-payment. In this event program fees will be prorated and refunded in the same manner as noted above.

To find a participating provider for dental, vision, prescription drug or chiropractic services visit the Metro Dentalcare website at [www.metro-dentalcare.com](http://www.metro-dentalcare.com) or contact our Customer Service Department at 1-888-540-9488. For Hearing Services, please call EPIC Hearing at 1-866-540-9488 and tell them you are with the Dental Care Advantage Program. When scheduling an appointment with a provider, be sure to reference the correct network and logo listed on your ID card. Present your ID card each time you receive services. Each family member can choose their own contracted health care provider. The program allows conditions existing prior to enrollment to be discounted if the treatment needed is listed in the fee schedule. However, procedures already started prior to the effective date of membership, are not eligible for a discount. You must continue to be a member of the program throughout your entire treatment to be eligible for continued discounted services.

### **Disclosures**

This program is NOT a health insurance policy and the program does not make payments directly to the providers of health services. This program provides discounts at certain locations for health services. The program member is obligated to pay the provider for all the health care services that the member will receive, but the member will receive a pre-negotiated discount from the providers listed in the network, in accordance with the specific pre-negotiated discounted fee schedule. This program does not guarantee the quality of the services or procedures offered by the providers. Discounts vary by provider. The Discount Medical Plan Organization that operates this program is American Dental Professional Services, LLC located at 9054 N. Deerbrook Trail, Milwaukee, WI 53223.