



**NEW YORK STATE
FRATERNAL ORDER OF POLICE
EMPIRE STATE LODGE**

911 POLICE PLAZA • HICKSVILLE, NEW YORK 11801-1014
(516) 433-4455 FAX (516) 433-4473

August 31, 2007

Dear Member:

We are happy to announce that the American Dental Centers Plan* is once again available for you and your family.

Effective September 1, 2007 the American Dental Centers (see page 4) will render most basic services (see pages 2 and 3) **AT NO CHARGE** for our members enrolled in this program. Non-covered services are offered at **SUBSTANTIALLY REDUCED FEES**.

THE AMERICAN DENTAL CENTERS PLAN* IS SIMPLE! There are no claim forms or deductibles and you can choose to use an office that is close to your place of work while your family members can use a facility that is close to home. Additionally, specialists and denture repair technicians are available at most locations.

The cost of a one year membership in the American Dental Centers Plan is as follows:

INDIVIDUAL.....	\$ 75.00 per year
MEMBER & SPOUSE.....	135.00 per year
PARENT & ONE CHILD.....	135.00 per year
FAMILY.....	260.00 per year

To join the plan using your credit card, **516-932-2500, extension 219**. If you wish to join the plan by mail, please send the enclosed enrollment application (see pages 3 and 4) along with a check for a one year membership by September 30, 2007. Check should be made payable to "**American Dental Centers Plan (ADCP)**" and mail to **ADCP, 35 Broadway, Hicksville, NY 11801-4266**.

Fraternally,

Charles J. Caputo, President
New York State Fraternal Order of Police

**Not an insurance product*



The American Dental Centers Plan*

PROCEDURE	**YOUR COST	FEES+
DIAGNOSTIC & PREVENTIVE SERVICES		
Oral Examination & Diagnosis	NO CHARGE	\$ 85.00
Full Mouth X-Ray Series (one per year)	NO CHARGE	\$ 115.00
Single Films (periapical or bitewing)	NO CHARGE	\$ 20.00
Bitewing Series	NO CHARGE	\$ 55.00
Specialty Consultations	NO CHARGE	\$ 185.00
Cleaning of Teeth (prophylaxis and polishing one per year)	NO CHARGE	\$ 90.00
Routine Scaling of Teeth (4 quadrants per year)	NO CHARGE	\$ 215.00
(Not Periodontal Procedure)		
Fluoride Treatment (one per year)	NO CHARGE	\$ 40.00
RESTORATIVE DENTISTRY PRIMARY & PERMANENT		
Amalgam Filling: One surface	NO CHARGE	\$ 90.00
Two surfaces	NO CHARGE	\$ 120.00
Three surfaces	NO CHARGE	\$ 150.00
Composite Filling: One surface	NO CHARGE	\$ 120.00
Two surfaces	NO CHARGE	\$ 160.00
Three surfaces	NO CHARGE	\$ 200.00
ORAL SURGERY		
Simple Extractions	\$ 55.00	\$ 145.00
Surgical Extractions	\$ 80.00	\$ 285.00
Soft Tissue Impactions	\$ 175.00	\$ 310.00
Partial Bony Impactions	\$ 200.00	\$ 395.00
Full Bony Impactions	\$ 250.00	\$ 510.00
Alveolectomy, per quadrant	\$ 90.00	\$ 310.00
ROOT CANAL THERAPY		
Pulp Capping	\$ 20.00	\$ 85.00
Pulpotomy	\$ 50.00	\$ 170.00
Root Canal Therapy, anterior	\$ 250.00	\$ 585.00
Root Canal Therapy, bicuspid	\$ 295.00	\$ 680.00
Root Canal Therapy, molar	\$ 395.00	\$ 845.00
Apicoectomy	\$ 225.00	\$ 655.00
PERIODONTICS		
Subgingival Curretage	\$ 50.00	\$ 255.00
Gingivectomy, per quadrant	\$ 125.00	\$ 510.00
Osseous Surgery, per quadrant	\$ 450.00	\$ 910.00
PROSTHETICS - CROWNS		
Full Cast Crowns	\$ 475.00	\$ 965.00
Porcelain Jacket Crown	\$ 475.00	\$ 965.00
Porcelain with Metal Crown	\$ 475.00	\$ 965.00
Stainless Steel Crown	\$ 115.00	\$ 225.00
Cast Post	\$ 100.00	\$ 370.00
Recementation, per crown	\$ 25.00	\$ 85.00
PROSTHETICS - FIXED BRIDGES		
Full Cast Crowns	\$ 475.00	\$ 965.00
Porcelain with metal crown or pontic	\$ 475.00	\$ 965.00
Recementation, bridge	\$ 50.00	\$ 135.00

+Based upon a National Dental Survey trended forward to year 2002, 90th percentile.

** The fees stated above must be paid at the time services are rendered. Any services not paid at this time will be billed at prevailing fees.

*Not an insurance product. Not all non-covered services are listed.

The American Dental Centers Plan*

PROCEDURE	**YOUR COST	FEES+ PREVAILING
PROSTHETICS - REMOVABLE		
Full Upper or Lower Denture with adjustments	\$ 450.00	\$ 1445.00
Partial Upper or Lower Denture, cast chrome and acrylic	\$ 450.00	\$ 1445.00
Partial Unilateral Denture, cast chrome and acrylic	\$ 275.00	No Data Available
Denture Adjustments (for denture not made in office)	\$ 9.00	No Data Available
PROSTHETICS - REPAIRS		
Repair Broken Body of Denture	NO CHARGE	\$ 200.00
Repair Broken Teeth	NO CHARGE	\$ 170.00
ORTHODONTIA		
Initial insertion of Bands and/or Appliance	\$ 850.00	\$1,510.00
Monthly Adjustments Active and Passive (per month)	\$ 100.00	\$ 150.00

BROKEN APPOINTMENTS

Should a patient not notify office of cancellation within 24 hours of appointment time, there will be a \$25.00 fee incurred.

+Based upon a National Dental Survey trended forward to year 2002, 90th percentile. **The fees stated above must be paid at the time services are rendered. Any services not paid at this time will be billed at prevailing fees. Not an insurance product. Not all non-covered services are listed.

CUSTOMER SERVICE PHONE NUMBERS

1-516-932-2500 or Outside (516) area code call 1-888-610-0200

Use the specific extensions below to reach the department you need.

OFFICE INQUIRIES Dr. Rick Raven - Ext. 277	BILLING Ext. 282, 260 or 262	MEMBERSHIP - (Cards) Ext. 219
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IMPORTANT: PLEASE RETURN BY 9/30/2007
Make checks or money order payable to:
"American Dental Centers Plan" or "ADCP"

ENROLLMENT FORM

(Please print information)

NYS FOP

GROUP NUMBER: 22966

Card must be signed and dated for the acceptance in the Plan

LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH: MO. DAY YR.		MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
HOME ADDRESS			CITY	STATE	ZIP CODE			
SOCIAL SECURITY NO.	HOME PHONE NO. AREA CODE		SPOUSE FIRST NAME		SPOUSE DATE OF BIRTH MO. DAY YR.		SPOUSE SOCIAL SECURITY	
MARITAL STATUS PLEASE CHECK ONE SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED/DIVORCED/SEPARATED <input type="checkbox"/>		FORM OF PAYMENT (CHECK ONE): CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>			CREDIT CARD NUMBER & EXPIRATION _____ MONTH & YEAR			
AMERICAN DENTAL CENTERS PLAN: (PLEASE CHECK ONE)				<small>"Any person who knowingly, and with intent to defraud any company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."</small>				
INDIVIDUAL PLAN		\$ 75.00		<input type="checkbox"/>		SIGNATURE: _____ DATE: _____ (BE SURE SIDE TWO IS COMPLETED)		
HUSBAND & WIFE PLAN		\$ 135.00		<input type="checkbox"/>				
PARENT & ONE CHILD PLAN		\$ 135.00		<input type="checkbox"/>				
FAMILY PLAN		\$ 260.00		<input type="checkbox"/>				
FOR OFFICIAL USE ONLY								



AMERICAN DENTAL CENTERS

BRONX

2535 GRAND CONCOURSE
Off Fordham Road
(718) 365-4900

NASSAU (Hempstead)

760 FULTON AVENUE
2 Blocks West of Hofstra University
(516) 481-9700

BROOKLYN

434 ALBEE SQUARE WEST
Opposite Albee Square Mall
(718) 858-9211

QUEENS (Elmhurst)

87-10 GRAND AVENUE
At Queens Boulevard
(718) 429-8300

BROOKLYN

1212 KINGS HIGHWAY
Between E. 12th & E. 13th Streets
(718) 376-6700

STATEN ISLAND

1659 RICHMOND AVENUE
Corner of Victory Blvd.
(718) 983-6300

MANHATTAN

241 West 30th Street
Between 7th and 8th Avenue
(917) 351-0200

SUFFOLK (Commack)

6180 JERICHO TURNPIKE
Btwn. Commack & Larkfield Roads
(631) 499-0040

NASSAU (Hicksville)

35 BROADWAY
1 Block North of L.I.R.R.
(516) 433-1800

WESTCHESTER (White Plains)

200 HAMILTON AVENUE
White Plains Mall
(914) 949-6800

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ALL UNMARRIED CHILDREN UP TO AGE 18 (LIST IN ORDER OF AGE) (BORN BEFORE 1989 MUST SIGN AS AN INDIVIDUAL)

FIRST NAME	INITIAL	SON/DAUGHTER CHECK ONE	BIRTH DATE	SOCIAL SECURITY NUMBER
1.		<input type="checkbox"/> <input type="checkbox"/>		
2.		<input type="checkbox"/> <input type="checkbox"/>		
3.		<input type="checkbox"/> <input type="checkbox"/>		
4.		<input type="checkbox"/> <input type="checkbox"/>		
5.		<input type="checkbox"/> <input type="checkbox"/>		