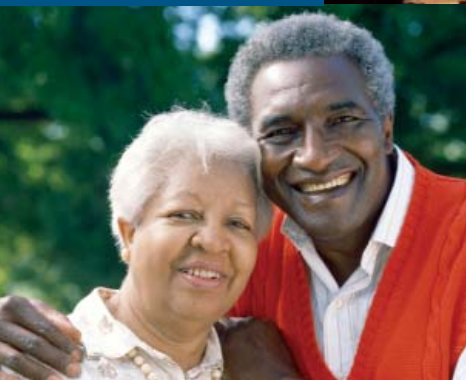


Pennsylvania Dental Association

SENIOR DENTAL CARE PROGRAM

*If you are 65
or older and on
a fixed income,
you may be
eligible for
professional
dental care at
a reduced fee.*



What is the Senior Dental Care Program?

The Senior Dental Care Program offers reduced cost dental care to eligible senior citizens by dentists who are members of the Pennsylvania Dental Association (PDA). More than 1,000 PDA members have volunteered to participate in this program.

What types of dental care are available through this program?

Participating dentists have agreed to reduce their fees for all dental services. This includes examinations, cleanings, and all other dental procedures.

Eligible persons are encouraged to take advantage of the program for regular, preventive dental care. Regular dental care is necessary for everyone whether they have dentures, or retain all or some of their natural teeth. Regular examinations are the best way to prevent potential oral health problems from developing.

Who is eligible to receive care through the program?

In order to be eligible, a patient must:

- Be age 65 or older.
- Be a Pennsylvania resident.
- Not be receiving federal, state, or other dental health assistance.
- Not have private dental insurance.

- Have a total annual household income of less than \$14,500 for a single person, or less than \$17,700 for a married couple.



How do I find a participating dentist?

Mail the attached registration form or register online at www.padental.org. If you have a current dentist, and he/she is a participant in the PDA Senior Dental Care Program,



you will be referred to that dentist. If you do not already have a dentist, or if your current dentist does not participate in the PDA Senior Dental Care Program, you will be referred to a PDA member dentist in your area who participates in the program. You will receive a letter with the dentist's name, address and telephone number. It is up to you to make the appointment by calling the den-

tist's office. Be sure to tell the receptionist that you are a patient in the PDA Senior Dental Care Program.

How much of a reduction will be granted?

All dental fees differ, so reduced fees for patients in the PDA Senior Dental Care Program also will vary. However, all participating dentists have agreed to offer a discount from their usual fee for patients who meet the program's eligibility requirements. The minimum discount a patient can expect is

15 percent. Doctors are not reimbursed for their costs by the state or the PDA. Financial arrangements are handled privately, between the patient and the dentist. The amount of the discount and financial terms should be clearly understood by the patient and discussed with the dentist prior to beginning treatment.

What is the quality of dental care?

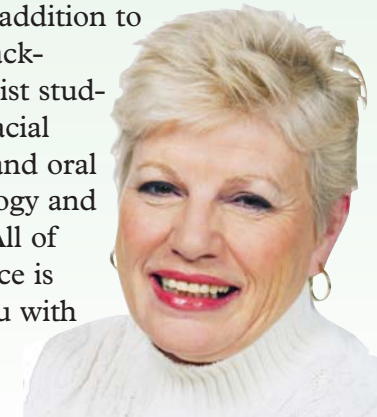
You can expect the same standard of care and courtesy that are part of the traditional dentist-patient relationship.

Your oral health affects your entire life. Good nutrition, clear speech and a pleasant appearance are important to your physical and mental well-being. All depend on healthy teeth and gums.

Your dentist's goal is to help you keep your teeth for your entire life. Even if you should lose your natural teeth, your mouth still needs regular, professional care.

If you wear dentures, your dentist is the only person qualified to provide denture services. Professional training enables a dentist to evaluate your total general health. In addition to

a broad medical background, every dentist studies oral anatomy, facial structure, general and oral pathology, psychology and dental materials. All of his or her experience is used to provide you with dental services.



PDA Senior Dental Care Program Registration

Are you 65 years of age or older? Yes No

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____

TOTAL annual income \$ _____

Current dentist's name (if applicable) _____

Do you have: (circle all that apply)

Natural teeth Partial dentures Full dentures

List the dental work you may need to have done.

Marital status: Single Married

“I certify that I do meet the eligibility requirements stated within and that I am not eligible for dental treatment on a public aid program or public insurance plan.”

Signature _____

Date _____

Please detach registration form and mail to:

Pennsylvania Dental Association, Senior Dental Care Program, P.O. Box 3341, Harrisburg, PA 17105

Brochure provided compliments of

State Senator
Xxx Xxxxxx
xxth District



Pennsylvania Dental Association

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