

Why Pay More?

A GREAT APPROACH TO

DENTAL CARE

Dental Maintenance Services, Inc.
1429 Warwick Avenue
Warwick, RI 02888
800-456-8715
www.dmsdental.com

DMS Dental open enrollment is fast approaching.

DMS has successfully served the Town of Marshfield since 1989.

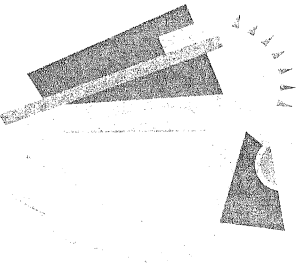
While the rest of the dental health industry costs are going up DMS is not!

Monthly

Ind:	\$22.00
Ind + 1:	\$36.00
Family:	\$55.00

For more information call

1 800 456-8715 ext. 716



YOUR GUIDE TO DENTAL CARE AS OFFERED THROUGH DMS

What is a prepayment dental "Direct Service" Plan?

"Direct Service" gives a dental group practice a prearranged fee for providing care of dental needs. The dentist is paid monthly; they treat priorities (problems) first and will provide necessary services. Direct Service reduces the cost just as preventive medicine reduces cost.

What are the advantages of Direct Service?

1. Less administrative costs (no claim forms). No reimbursement to the dentist or member.
2. Responsibility for care is delegated to both the patient and the dentist.
3. Working in a Network with specialists offers the patient an opportunity to reduce expenses.
4. Low cost alternative to Insurance or Health Maintenance Organizations.
5. You choose any office in the network (With prior written notification to DMS before the first of the month in which you wish to select or subsequently change locations).
6. All co-payments are due at the time of service to avoid billing charges.

What is dental group practice?

A group practice is an organization of dentists who have joined together to provide a system of dental care for both general and specialized dentistry. Many of our participating locations are group practices. Once you enroll in the DMS Program you are eligible for services at the office of your choice, from the list of participating doctors. If for some reason you decide on another DMS location or dentist you must notify DMS in writing of the requested change which will then become effective the first of the following month after the request has been received. However, the requested change cannot be processed if there is an outstanding balance with the member's previous provider. Any charges must therefore be paid in full by the member before the member may begin going to a new provider under the terms stated above.

STATEMENT OF ERISA RIGHTS

If your employer's benefit plans are subject to requirements of the Federal Employee Retirement Income Security Act of 1974, as amended (ERISA), participants are entitled to certain rights and protections under ERISA.

ERISA provides that all plan participants shall be entitled to:

- (a) Examine, without charge, at the Plan Administrator's office and at other specified locations, such as work sites, and union halls, all plan documents, and copies of all documents filed such as detailed annual reports and plan descriptions.
- (b) Obtain copies of all plan documents and other plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- (c) Receive a summary of benefit decisions, and have these decisions reviewed if you disagree in any respect. You may further request information about the decision or have the decision reviewed as part of an appeals process.

In addition to creating rights for plan participants ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called fiduciaries of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

If your claim for a benefit is denied in whole or in part you must receive a written explanation of the reason for the denial. You have the right to have the plan review and reconsider your claim. Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the plan and do not receive them within 30 days, you may file suit in Federal court. In such a case, the court may require the plan administrator to provide materials and pay you up to \$100 a day until you receive the material, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied, in whole or part, you may file suit in a State or Federal court. If it should happen that plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the US Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

If you have any questions about your plan, you should contact the Plan Administrator. If you have any question about this statement or about your rights under ERISA, you should contact the nearest office of the Pension and Welfare Benefits Administration, US Department of Labor, listed in your telephone directory of the Division of Technical Assistance and Inquiries, Pension and Welfare Administration, US Department of Labor, 200 Constitution Avenue NW, Washington, DC 20210.

Dental Maintenance Services, Inc.

Privacy Notice

Dental Maintenance Services, Inc. knows that your privacy is important. You have received this notice because you are now or may be a customer of one of our companies. This notice will advise you of the types of Nonpublic Personal Information we collect, how we use it, and what we do to protect your privacy.

"Nonpublic Personal Information" refers to personally identifiable information that is not available to the public.

"Employees, Representatives, Agents, and Third Parties" refers to individuals or entities who act on our behalf.

- Our Employees, Representatives, Agents, and Selected Third Parties may collect Nonpublic Personal Information about you, including information:
 - Given to us on applications or other forms;
 - About transactions with us, our affiliates, or third parties;
 - From others, such as credit reporting agencies, employers, and federal and state agencies.
- The types of Nonpublic Personal Information we collect depends on the products we offer to you and may include your: name; address; Social Security Number; account balances; income; assets; payments; coverage and beneficiaries; credit reports; marital status; and payment history. We may also collect Nonpublic Personal Health Information, such as medical reports, to underwrite policies, or for other related functions.
- We restrict access to Nonpublic Information to those Employees, Representatives, Agents, or Selected Third Parties who provide products or services to you and who have been trained to handle Nonpublic Personal Information as described in this Notice.
- We have policies and procedures that direct our Employees, Representatives, Agents, and Selected Third Parties acting for us, on how to protect and use Nonpublic Personal Information.
- We have physical, electronic, and procedural safeguards in place that were designed to protect Nonpublic Personal Information.

- We do not share Nonpublic Personal Information about you except as allowed by law.
- We may disclose all types of Nonpublic Personal Information that we collect, including information regarding your transactions or experiences with us, when needed, to:
 - (i) Affiliated Dental Maintenance Services, Inc. companies, including Diversified Financial Alliance and Progressive Benefits Insurance Agency, and Employees, Representatives, Agents, and Selected Third Parties, as permitted by law; or
 - (ii) Other organizations with which we have joint marketing agreements as permitted by law.
- The types of companies and persons to whom we may disclose Nonpublic Personal Information as permitted by law include: banks; attorneys; trustees; third-party administrators; credit reporting agencies; registered broker-dealers; auditors; regulators; and reinsurers.
- We do not share your Nonpublic Personal Information unless authorized by you or allowed by law.
- Our privacy policy applies, to the extent required by law, to our agents and representatives when they are acting on behalf of Dental Maintenance Services, Inc.
- You will be notified if our privacy policy changes.
- Our privacy policy applies to current and former customers.

This Privacy notice is given to you for your information only. You do not need to call or take any action.

This Privacy Notice is provided on behalf of the following companies:

Dental Maintenance Services, Inc., Diversified Financial Alliance, Progressive Benefits Insurance Agency

DMS Dental Plan 126 Overview

Town of Marshfield

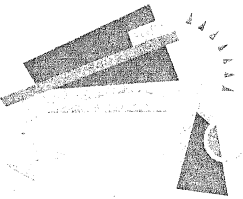
TYPES OF DENTAL EXPENSES	DMS Network
Deductible	None
Calendar year max	None
Dentist Availability	DMS Network
Co Payment	\$10 per office visit
PREVENTIVE	
Oral Prophylaxis-cleanings	
Fluoride Treatment	
Sealants	100%
Routine exams	
Diagnostic x-rays	
BASIC	
Restorative services	100%
-Amalgam	
MAJOR	
Periodontics	
-Treatment of gum disease	
Endodontics	50%
- Pulpal therapy and root canals	
Oral surgery and surgical extractions	
Crowns, inlays and onlays (Jackets)	
Prosthetics	
-Bridges	
-Partial and complete dentures	
Space Maintainers	
Orthodontics	
-Braces-standard 24 month treatment	Discounted Service
Monthly Rates	
Employee only	\$22.00
Employee plus one dependent	\$36.00
Employee and Family	\$55.00
THIS IS A BRIEF OVERVIEW-SEE PLAN DESCRIPTION FOR LIMITATIONS AND EXCLUSIONS	
CONTACT DMS DENTAL AT 1-800-456-8715 IF YOU HAVE ANY QUESTIONS	

AM092303A SAMPLE



Superior dental network, committed network administrators.

PROVIDER NETWORK LISTING



- (4) Start-up fees cover the initial examination, diagnosis, consultation and treatment to two years maximum. This includes initial construction, placement and adjustments to retainers and office visits for a maximum period of two years.
- (5) If the treatment is not required or the enrollee chooses not to start treatment after diagnosis and consultation has been completed by the orthodontist, the Enrollee will be charged a consultation fee of \$50 in addition to diagnostic record fees.

ORTHODONTIC EXCLUSIONS

- (1) Pre-treatment, mid-treatment and post-treatment records which may include cephalometric x-rays, tracings, photographs and study of models.
- (2) Lost, stolen or broken orthodontic appliances.
- (3) Re-treatment of orthodontic cases.
- (4) Changes in treatment necessitated by an accident of any kind.
- (5) Surgical procedures incidental to orthodontic treatment.
- (6) Surgical procedures related to a client's condition of *Micrognathia* or *Macrogathia*.
- (7) *Myofunctional* Therapy.
- (8) Treatment related to *Temporomandibular Joint Dysfunction* (TMD) and/or hormonal imbalances.
- (9) *Malocclusions* which are so severe so that they are not amenable to ideal orthodontic therapy.
- (10) Treatment that extends beyond the 24 months point of banding dentition will be subject to an office visit charge.
- (11) Restorative work caused by orthodontic treatment.
- (12) Phase I * orthodontics is an exclusion as well as activator appliance and minor treatment for tooth guidance and/or arch expansion.
- (13) Extractions solely for the purpose of orthodontics.
- (14) Treatment in progress at inception of eligibility into the DMS program.
- (15) Invisalign Treatment

**Phase I is defined as early treatment including interceptive orthodontia prior to the development of late mixed dentition.*

Important notice: The DMS Dental program does not constitute dental insurance and is not a Health Maintenance organization contract. DMS does not reimburse the affiliated dentist or reimburse the member for the cost of dental services received by the member

DENTAL MAINTENANCE SERVICES, INC.

DMS DENTAL NETWORK LISTING

Participating Family Dentists

- (8) Services which are provided to the enrollee by state government or agency thereof, or are provided without cost to the enrollee by any municipality, county or other subdivision.
- (9) Treatment required by reason of war.
- (10) Dental services performed in a hospital and related hospital fees.
- (11) Treatment of Fractures and Dislocations.
- (12) Loss or theft of fixed and removable prosthetics (crowns/bridges/full or partial dentures).
- (13) Dental expenses incurred in connection with any dental procedures started after termination of eligibility of coverage.
- (14) Any service that is not specifically listed as a covered expense.
- (15) Dental expenses incurred in connection with any dental procedure started prior to enrollee's eligibility date with the DMS program. Example: teeth prepared for crowns, root canals in progress, orthodontic treatment.
- (16) Congenital Malformations
- (17) Cysts and Malignancies.
- (18) Dispensing of drugs not normally supplied in dental office.
- (19) Accidental injury. Accidental injury is defined as damage to the hard and soft tissues of the oral cavity resulting from forces external to the mouth. Damages to the hard and soft tissues of the oral cavity from normal masticatory (chewing) function will be covered at the normal schedule of benefits.
- (20) Cases which, in the professional judgment of the attending dentist, a satisfactory result cannot be obtained or where the prognosis is poor or guarded.
- (21) Dentist services received from any dental office other than the assigned dental office, unless expressly authorized in writing by DMS or as cited under "Out of Area Emergency Treatment"
- (22) Prophylactic removal of impaction (asymptomatic non-pathological).
- (23) "Specialist consultations" for non-covered benefits.
- (24) Implant placement or removal, appliances placed on or services associated with implants.
- (25) Extensive treatment plans involving 10 or more crowns or units of fixed bridgework are considered full mouth reconstruction and are not benefits covered of the DMS program.
- (26) No coverage for Night Guards and TMI.
- (27) Treatment of Root Canals performed prior to eligibility date.
- (28) Apicoectomies and other Endodontic treatment performed on a tooth that has had a prior root canal done by a non-network dentist or performed while patient was not covered under the DMS program.
- (29) DMS assumes no responsibility or liability for services performed by affiliated dentists.
- (30) Any procedure presenting unusual circumstances requiring additional cost, the additional cost is not covered and is the responsibility of the patient.

ORTHODONTIC LIMITATIONS

- (1) Orthodontic treatment must be provided by a DMS Orthodontist.
- (2) Plan benefits cover 24 months of usual and customary orthodontic treatment.
- (3) Should the Enrollee's coverage be cancelled or terminated for any reason, and at the time of cancellation or termination be receiving an orthodontic treatment, the Enrollee and not DMS will be responsible for the payment of the balance due for treatment provided after cancellation or termination. In such a case, the Enrollee's balance or payments shall be determined by dividing the UCR fee in effect at the time treatment was initiated by the total number of months of active treatment and prorated for the number of months remaining to completion of the treatment. Such amount will be payable by the Enrollee on such terms and conditions as are arranged between the Enrollee and the orthodontist. In no instance shall the total case fee exceed the normal UCR in effect at the time treatment was initiated.

ARLINGTON

GENTLE DENTAL CENTER, LLC
725 MASSACHUSETTS AVENUE
ARLINGTON, MA 02174
781-643-0010
PROVIDER#: 086

BELMONT

GENTLE DENTAL CENTER, LLC
254 TRAPELO ROAD
BELMONT, MA 02478
617-489-1900
PROVIDER #023

BEVERLY

DR. KIVA SKOLNICK
202 HALE STREET
BEVERLY, MA 01915
978-927-3380
PROVIDER #: 032-3694

BOSTON

NEWBURY DENTAL ASSOCIATES
274 NEWBURY STREET
BOSTON, MA 02116
617-262-0106
617-247-1189-fax
PROVIDER#: 012

BOSTON

GENTLE DENTAL CENTER, LLC
131 TREMONT STREET
BOSTON, MA 02111
617-292-0500
617-292-7666-fax
PROVIDER#: 041

BRAINTREE

GENTLE DENTAL CENTER, LLC
102-103 PEARL STREET
BRAINTREE, MA 02205
781-356-3030
781-356-8345-fax
PROVIDER #: 005

BRIGHTON

GENTLE DENTAL CENTER, LLC
320 WASHINGTON STREET
BRIGHTON, MA 02135
617-562-1100
PROVIDER #: 022

BROCKTON

DR. JOHN T. CARABATOS
478 TORREY ST
BROCKTON, MA 02401
508-586-0428
PROVIDER#: 052-349

03/18/08 * PROVIDER NOT ACCEPTING NEW PATIENTS AT THIS TIME

NOTE: This list is subject to change without notice. Prior to seeking treatment, please verify with your dentist that they are a participating Provider. Your dental benefits are available only at participating dental offices. For additional information on the status of the above providers, as well as new providers, please call: (800) 456-8715 ext.716

DMS DENTAL NETWORK LISTING

Participating Family Dentists

BROOKLINE

DR. THEODORE SWERDLICK
369 HARVARD ST
BROOKLINE, MA 02146
617-736-1200
PROVIDER#: 044-2536

CHELMSFORD

FAMILY DENTAL ASSOCIATES
22 ALPINE LANE
CHELMSFORD, MA 08124
978-256-7381
PROVIDER#: 030

BROOKLINE

PROSTHODONTIC ASSOCIATES
1037A BEACON STREET
BROOKLINE, MA 02146
617-252-4515
PROVIDER#: 038

CHELSEA

AFFORDABLE FAMILY DENTAL
59 WASHINGTON AVE
CHELSEA, MA 02150
617-889-2668
PROVIDER#: 039-5219

BURLINGTON

GENTLE DENTAL CENTER, LLC
178 CAMBRIDGE STREET
BURLINGTON, MA 01803
781-921-0072
PROVIDER#: 035

CHELSEA

DR. ROBERT L. BASKIES
109 WASHINGTON AVE
CHELSEA, MA 02150
617-884-2824
PROVIDER#: 043-1729

CAMBRIDGE

GENTLE DENTAL CENTER, LLC
19 WHITE STREET
PORTER SQ SHOPPING CTR
CAMBRIDGE, MA 02140
617-354-3300
PROVIDER#: 032

DORCHESTER

DR. MICHAEL J. MASSE
212 ASHMONT STREET
DORCHESTER, MA 02124
617-436-0303
PROVIDER#: 026-13690

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LIMITATIONS AND EXCLUSIONS OF BENEFITS

LIMITATIONS

- (1) In all cases where the patient selects a more extensive plan of treatment than is customarily provided, the more expensive plan of treatment is considered *OPTIONAL*.
- (2) Prophylaxis limited to one treatment in any six months.
- (3) Member(s) can change providers which will become effective the first day of the following month after the requested change was received in writing by DMS. If you are seen in an office without first notifying DMS in writing and waiting for the change to become effective, the member(s) will not be covered for those visits.
- (4) If you have a balance with your current provider's office, you will not be allowed to change providers until the balance is paid in full. Again, if you are seen in another office your visit will not be covered and DMS will not be responsible for any charges incurred as a result.
- (5) If member has dependent(s), everyone must go to the same office. There are *NO EXCEPTIONS*.
- (6) Full Upper and/or Lower Dentures are not to exceed one each in any five year period. Replacement will be provided by DMS for an existing denture *only* if it is unsatisfactory and cannot be made satisfactory.
- (7) Partial Dentures are not to be replaced with-in any five-year period *unless necessary* due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible.
- (8) Denture relines are limited to one during any 12 consecutive months.
- (9) Periodontal treatments (root planning/sub gingival curettage) are limited to five quadrants during any 12 consecutive months.
- (10) Bleewing x-rays are limited to not more than one series of four full films in any 12 month period.
- (11) Full mouth x-rays are limited to one set every 36 consecutive months.
- (12) Sealants are limited to non-carious, non-restored permanent first and second molars only to age 14 and when not covered by medical.
- (13) No reimbursement shall be made for the cost of services secured from any other health care provider other than the member's provider.
- (14) Posterior composites are covered subject to the difference in cost between and amalgam and composite filling.
- (15) When Benefits are payable from other sources (i.e. Spouses coverage/or medical coverage), DMS will *always* be considered *SECONDARY*.
- (16) Prior Missing teeth only covered after 12 months.

EXCLUSIONS

- (1) Dentist services received from *any* dental provider *outside* of the *DMS Dental Network*, unless expressly authorized in writing by DMS are not covered.
- (2) General Anesthesia and the services of special anesthesiologists.
- (3) Cosmetic and Pediatric dental care.
- (4) Failure to keep a scheduled appointment without the proper 24-hour notification/cancellation of said appointment will result in an office fee to be determined by the respective office and paid for completely by the member.
- (5) If you change your dental provider and wish to have your records transferred to your new provider, the dentist has the right to charge a fee for your records and/or x-rays.
- (6) Dentist and/or DMS reserve the right to refuse any patient/dependents that are deemed uncooperative by the office(s).
- (7) Dental conditions arising out of and due to enrollee's employment or for which Worker's Compensation is payable.

DMS DENTAL SPECIALIST LIST

DMS DENTAL NETWORK LISTING

Participating Family Dentists

PERIODONTIST

PERIODONTIST

BRIGHTON

Dr. Eugene Savitt
Dental Care Associates
280 Washington St
Brighton, MA 02135
Phone:617-783-0869

WELLESLEY

Dr. Eugene Savitt
332 Washington Street
Suite 330
Wellesley, MA 02181
Phone:781-237-6511
Provider #94280-1

NATICK

Dr. Jean-Marie Biebuyck
Dr. Barry K. Levin
214 N Main Street
Natick, MA 01760
Phone:508-655-6262
Provider #3096-1

NEEDHAM

Dr. Richard Doff
Dr. Richard S. Doff
300 Chestnut Street
Needham, MA 02192
Phone:781-444-8350
Provider #:1540-1

SHARON

Dr. Lawrence Goodman
450 North Main Street
Sharon, MA 02067
Phone:781-784-3330
Provider #6221-1

TAUNTON

Dr. Joseph Areias
14 High Street
Taunton, MA 02780
Phone:508-822-1171

**Provider offers a 20% discount to DMS members on implants

3/18/08

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DORCHESTER

DR. KEITH D. MORRIS
56 MELVILLE AVE
DORCHESTER MA 02129
617-282-8029
PROVIDER#: 045-255

INDIAN ORCHARD

DR. JOSEPH W. SZMYT
460 MAIN ST
INDIAN ORCHARD, MA 01911
413-543-3180
PROVIDER#: 050-599

FALL RIVER

ALPHA DENTAL CENTER
501 NEWTON STREET
FALL RIVER MA 02723
508-646-9600
508-646-9612 fax
PROVIDER# 010-2

JAMAICA PLAIN

GENTLE DENTAL CENTER, LLC
612 CENTER STREET
JAMAICA PLAIN, MA 02130
617-524-4400
PROVIDER#: 036-4400

Accepts orthodontics at a patient payment of \$4000 for 24 month treatment

FALL RIVER

DR. VASANT KAMATH
1141 PLEASANT STREET
FALL RIVER, MA 02723
508-674-5583
508-674-5647 fax
PROVIDER#: 009

MALDEN

F. A. CARMICHAEL DENTISTRY, INC
388 PLEASANT STREET SUITE 203
MALDEN, MA 02148
781-324-5210
PROVIDER#: 043-5210

FRANKLIN

ALPHA DENTAL CENTER
260 E CENTRAL STREET UNIT 2A
FRANKLIN, MA 02038
508-528-0200
508-528-9231 fax
PROVIDER# 010-1

MALDEN

GENTLE DENTAL CENTER, LLC
929 CENTRE STREET
MALDEN, MA 02148
781-324-5200
781-324-1045 fax
PROVIDER#: 033

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DMS DENTAL NETWORK LISTING

Participating Family Dentists

MEDFORD

DR RENATO CARPINITO
38 HIGH STREET
MEDFORD, MA 02155-3820
781-393-9000
PROVIDER #: 051-8A098

NEW BEDFORD

DR DONALD JAFFE
319-A UNION STREET
NEW BEDFORD, MA 02740
508-993-1728
PROVIDER #: 015-14126

MEDWAY

SAINT MARK DENTAL PC
115 MAIN STREET
MEDWAY, MA 02053
508-533-7890

NORTH DARTMOUTH

ALPHA DENTAL CENTER
145 FAUNCE CORNER RD
NORTH DARTMOUTH, MA 02747
508-993-3900
PROVIDER #: 040

METHUEN

GENTLE DENTAL CENTER
40 JACKSON STREET
METHUEN, MA 01844
978-682-0020
PROVIDER #: 057

NORTH DARTMOUTH

DR JAMES KEARNS*
330 HAWTHORNE ROAD
NORTH DARTMOUTH, MA 02747
508-994-3443

NATICK

GENTLE DENTAL CENTER LLC
1300 D WORCESTER ROAD
NATICK, MA 01760
508-655-2900
PROVIDER #: 021

NORTH QUINCY

DR OFELIA VILLANUEVA
339 HANCOCK STREET
NORTH QUINCY, MA 02171
617-328-4646
PROVIDER #: 055-95673

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DMS DENTAL SPECIALIST LIST

ORTHODONTIST

CHELMSFORD

Orthodontic Associates
Dr James Metcalf DMD
201 Chelmsford Street
Chelmsford, MA 01824
Phone: 978-250-1961
Provider # 1961-1

ORTHODONTIST

EVERETT

Dr. Tofigh Raayai
551 Broadway
Everett, MA 02149
Phone: 617-389-3434
Provider #: 3434-1

ORTHODONTIST

REVERE

Dr. Adrian Costanza
48 Nehall Street
Revere, MA 02151
Phone: 781-289-8050
Provider #: 37850-2

CHELSEA

Dr Edward Zak
Affordable Family Dental
59 Washington Avenue
Chelsea, MA 02150
Phone: 617-889-2668
Provider # 5219-1

FRANKLIN

Alpha Dental**
Dr. Natalia Hoffmann
260 E Central Street Unit 2A
Franklin, MA 02038
508-528-0200
508-528-2231-fax
Provider # 010-1
** Accepts orthodontics at a patient payment of \$4000**

LOWELL

Orthodontic Associates
Dr. Amithaba Lala
517 Rogers Street
Lowell, MA 01852
Phone: 978-454-0977

CHELSEA

Chelsea Orthodontics
131 Arlington Street
Chelsea, MA 02150
Phone: 617-889-1990
Provider #: 1990

MEDFIELD

Dr. Stanley Starr
16 Park Street
Medfield, MA 02052
Phone: 508-359-2576
Provider #: 36616-1

DARTMOUTH

Dr. Richard Alexander
Dartmouth Towne Center
408 State Road Route 6
Suite 730
Dartmouth, MA 02747
Phone: 508-990-3000
Provider #: 3000-1

MEDFORD

Dr. James Pelletier
Omnidentix & Associates
Meadow Glen Mall
Medford, MA 02155
Phone: 781-396-6613
Provider #: 750-1

WARWICK, RI

Dr. Richard Alexander
75 Lambert Lind Highway
Suite 120
Warwick, RI 02886
Phone: 401-739-2622
Provider #: 3000-1

3/18/08

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DMS DENTAL SPECIALIST LIST

DMS DENTAL NETWORK LISTING

Participating Family Dentists

ENDODONTIST

ORAL SURGEON

ORAL SURGEON

ATTLEBORO

Dr. Roohi Ebrahaji
510 Thatcher Street
Attleboro, MA 02703
Phone: 508-222-3434

BROOKLINE

Dr. Gerald Fine
1223 Beacon Street
Brookline, MA 02146
Phone: 617-731-6060
Provider #: 62398-3

Dr. Neil Hornung
Dr. Christos Bacos
88 Montvale Avenue
Suite 5
Stonham, MA 02180
Phone: 781-438-7206
Provider #: 1987-1

MEDFORD

Dr. Gerald Leibner
Zero Governors Avenue
Suite 30
Medford, MA 02155
Phone: 781-391-5100

LOWELL

Dr. Christos J. Bacos
Merrimack Valley Oral
Surgery
33 Bartlett Street
Lowell, MA 01852
Phone: 978-454-5637
Provider #: 1987-2

STONEHAM

Dr. Allen Tarro
Dr. Christos Bacos
88 Montvale Avenue
Suite 5
Stoneham, MA 02180
Phone: 781-438-7206
Provider #: 1987-1

MEDFORD

Dr. Shadi Aryanpour
Zero Governors Avenue
Suite 30
Medford, MA 02155
Phone: 781-391-5100

LOWELL

Dr. Neil Hornung
Merrimack Valley Oral
Surgery
33 Bartlett Street
Lowell, MA 01852
Phone: 978-454-5637
Provider #: 1987-2

STOUGHTON

Dr. Gerald Fine
1629 Central Street
Suite 7
Stoughton, MA 02072
Phone: 781-344-7100
Provider #: 62398-2

TAUNTON

Dr. Robert Passloff**
(Will accept at the patient responsibility of 85% of office fee amount, call DMS Dental for details)
154 High Street
Taunton, MA 02780
Phone: 508-880-0801

Dr. Allen Tarro
Merrimack Valley Oral
Surgery
33 Bartlett Street
Lowell, MA 01852
Phone: 978-454-5637
Provider #: 1987-2

Dr. Allen Tarro
Merrimack Valley Oral
Surgery
33 Bartlett Street
Lowell, MA 01852
Phone: 978-454-5637
Provider #: 1987-2

NORTON

DR. XIAO HAN
IDENTAL
775 MANSFIELD AVENUE
NORTON, MA 02766
508-285-4440
508-285-4484-fax
PROVIDER#: 085

PEMBROKE

DR. ROBERT CLARK
31 SCHOSSETT STREET SUITE 101
PEMBROKE, MA 02359
781-826-7577
781-826-8970-fax
PROVIDER#: 014

NORWOOD

ADVANCED DENTAL CENTERS
125 CENTRAL STREET
NORWOOD, MA 02062
781-255-1053
781-255-0551-fax
PROVIDER # 011-01
**Accepts orthodontics at a patient payment of \$3900 for 24 month treatment*

PITSFIELD

DR. JOHNS S. CELA
197 SOUTH ST
PITSFIELD, MA 01201
413-443-6780
PROVIDER#: 053-2550

PEABODY

DR. MARVIN BERMAN
616 LOWELL ST
PEABODY, MA 01960
978-533-3770
PROVIDER#: 047-93966

QUINCY

DR. ROBERT A. PELOSI
565 ADAMS STREET
QUINCY, MA 02169
617-770-4552
PROVIDER#: 046-2566

PEABODY

GENTLE DENTAL CENTER, LLC
1 MAIN STREET
PEABODY, MA 01960
978-532-2700
PROVIDER#: 082

RAYNHAM

DR. STEPHEN M. SARACINO*
1244 BROADWAY
RAYNHAM, MA 02767
508-880-4910

3/18/08

NOTE: This list is subject to change without notice. Prior to seeking treatment, please verify with dentist that they are a participating provider. Your dental benefits are available only at participating dental offices. For additional information on the status of the above providers, as well as new providers, please call (800) 456-8715 ext. 716

03/18/08 * PROVIDER NOT ACCEPTING NEW PATIENTS AT THIS TIME

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DMS DENTAL NETWORK LISTING

Participating Family Dentists

SHARON

DR CHARLES HEINBERG
430N MAIN STREET
SHARON, MA 02067
781-784-4888
PROVIDER#: 002

STOUGHTON

GENTLE DENTAL CENTER, LLC
341 WASHINGTON ST
STOUGHTON, MA 02072
781-341-3700
PROVIDER # 007

SHARON

AESTHETIC DENTAL ASSOCIATES
450 NORTH MAIN STREET
SHARON, MA 02067
781-784-4888
PROVIDER #: 002

WAKEFIELD

GENTLE DENTAL CENTER, LLC
409 MAIN STREET
WAKEFIELD, MA 01880
781-924-0021
PROVIDER#: 037-0021

SOMERVILLE

DR GEORGE GALTIS
754 BROADWAY
SOMERVILLE, MA 02144
617-625-6228
PROVIDER#: 048-1549

WALTHAM

GENTLE DENTAL CENTER, LLC
879 MAIN STREET
WALTHAM, MA 02154
781-899-3700
PROVIDER#: 025

SOUTH WELTHEET

OUTER CAPE DENTAL CENTER
10 LONG AVENUE
SOUTH WELTHEET, MA 02063
508-349-6300
PROVIDER # 017-6300

WELLESLEY

DR EUGENE D. SAVITT
339 WASHINGTON ST, SUITE 330
WELLESLEY, MA 02161
781-237-6511

03/18/08 * PROVIDER NOT ACCEPTING NEW PATIENTS AT THIS TIME

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DMS DENTAL NETWORK LISTING

Participating Family Dentists

WEST BRIDGEWATER

HEALTHY SMILES DENTAL
120 W CENTER STREET SUITE 1
WEST BRIDGEWATER, MA 02579
508-894-8100
PROVIDER#: 060-8100

WEST ROXBURY

GENTLE DENTAL CENTER, LLC
1852 CENTRE ST
WEST ROXBURY, MA 02132
617-323-3700
PROVIDER#: 059

WEYMOUTH

WEYMOUTH FAMILY DENTAL
1125 WASHINGTON STREET
WEYMOUTH, MA 02189
781-337-0973
PROVIDER#: 010-4

WEYMOUTH

ADVANCED DENTAL CENTER OF WEYMOUTH
527 MAIN STREET
WEYMOUTH, MA 02190-1815
781-331-1181
PROVIDER # 011-02
** Accepts orthodontics at a patient payment of \$3900 for 24 month treatment"

03/18/08 * PROVIDER NOT ACCEPTING NEW PATIENTS AT THIS TIME

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Town of Marsfield

DMS Dental Enrollment Form

Last Name: _____ **First:** _____ **Initial:** ____

Date of Birth: ____/____/____ **Date of Hire:** ____/____/____

Street: _____ **City:** _____

State: ____ **Zip Code:** _____ **Home Phone:** (____) _____

Sex: M / F

Social Security #: _____ **Marital Status:** _____

I apply for coverage on:

- ☐ myself only
☐ myself +one dependent (spouse/child)
☐ myself and eligible dependents

List all eligible dependents to be covered:

Last Name (if different)	First Name	Initial	Sex M.or F.	Date of Birth	Last Name	First Name	Initial	Sex M.or F.	Date of Birth
2. Spouse					5.				
3. Child					6.				
4.					7.				

Dental Office Selected: _____
 (all dependents are assigned to the same office)

In accordance with recent Federal and State Laws regarding privacy or patient's records and information, please be advised that we will not disclose your personal health information (PHI) to anyone without your authorization or as otherwise permitted or required by law.

I agree to stay on the dental program for a minimum of one year (the exception being termination of employment).

Employee Signature: _____ **Date:** ____/____/____

Please call DMS Dental at 800-456-8715 with any questions.