

# NEW MEMBER INFORMATION

**\$14.95** / Individual ~or~ **\$19.95** / Household

NAME

Name \_\_\_\_\_  
ID# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE

HOUSEHOLD Members:

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_

Credit Card / Debit Card

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Card #:

Paying By Check:

Routing Number (9 Digits)

Checking Account

100%  
SATISFACTION  
GUARANTEE

# MEMBERSHIP SCRIPT

## DENTAL, VISION, PRESCRIPTION, and CHIROPRACTIC

Hello Is {--FIRSTNAME--} There?

"Hi, {--FIRSTNAME--} my name is \_\_\_\_\_, returning your call regarding the Dental Plan. Is this a good time to talk? GREAT!

Now, were you inquiring about the individual plan or the household plan?

That plan is {--14.95 / 19.95--} per month + a one time registration fee of \$20-- at the time of enrollment.

The name of the plan is AmeriPlanUSA®. With AmeriPlan® there are no waiting periods. No limits on visits or services. Braces are included. Cosmetic Dentistry and all specialists are included on the plan. Your savings are up to 80% off all dental procedures for example ...

An initial oral exam normally costs \$118, with Ameriplan® it's only thirty seven. And then after your initial visit you'll have the periodic oral exam which is done each time you go back to the dentist, the normal cost is fifty four dollars, and with Ameriplan® it's only eleven. X-ray's normally run one hundred and sixty two dollars, it's only sixty-five. Teeth cleanings normally runs one hundred and seven-teen dollars and with Ameriplan® it's only forty-seven. The silver teeth fillings normally run one hundred and seventy six dollars and with Ameriplan® it's only sixty. And then fifty percent off root canals, crowns and braces for both children and adults.

These are example's of some of your savings with AmeriPlan®. Most people are not aware that there's over **250 DENTAL CODES** that can be performed. All insurance plans have LIMITS AND CAPS on how much they will cover in a policy year. The beauty of **AmeriPlan® - There are NO LIMITS!!!** AND you get a 100% Satisfaction Guarantee!!! If you use the plan within your first 30 days and do not save money with the plan, you'll receive a **FULL MEMBERSHIP REFUND!!!**

Once you enroll you'll receive a membership package within 7 days. This includes your provider directory, a listing of all the dentist in your area that accept AmeriPlan®. You'll also receive a membership card with your name and account number. This is your identification card to present to our provider at the time of service.

You also get a FREE Vision Care Plan. This will save you up to 60% on vision. You can use it at Lens Crafters, Pearle Vision, Sears, JC Penny just to name a few. You'll never pay full price for eye exams, laser surgery, daily eye wear, contact lenses and even designer eye wear glasses.

You also get a FREE Prescription Drug Plan. You can use this at all your local pharmacists like Walgreen's, Eckerd's, Publix, K-Mart, Wal-Mart, Albertsons, etc. You'll save up to 25% on most brand names and up to 50% on most generic prescription drugs and deeper discounts through our mail order program.

# MEMBERSHIP SCRIPT

## DENTAL, VISION, PRESCRIPTION, and CHIROPRACTIC

On top of all of that you also get a FREE Chiropractic plan. You'll receive a free initial consultation, 50% savings on diagnostic and required x-rays and 30% on all other treatments.

{--FIRSTNAME--}, you're getting the dental, vision, prescription and chiropractic plan—all 4 benefits for ONLY \$14.95 / \$19.95 (you and your entire household).

**HOW DOES THIS SOUND?** *(Wait for a positive response)*

**Would you like to enroll today?** >>> BE QUIET>>>

GREAT! In order to qualify for the monthly payments you need either a checking account or a credit card, do you

have either one? Great! Before I take down your payment information I need ...

The correct spelling of your first and last name \_\_\_\_\_.

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

City, State, Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

I need the First and Last Names and the date of birth for everyone living at your house:

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

The total for the individual plan it's the {--19.95--} + {--\$20--} registration fee, that's {\$39.95}..

Which Credit Card do you like to use? \_\_\_\_\_

.....(if none, as for checking or savings account info, see Note below)

What is the Credit Card number? \_\_\_\_\_

Expiration date? \_\_\_\_\_

Name on the card? \_\_\_\_\_

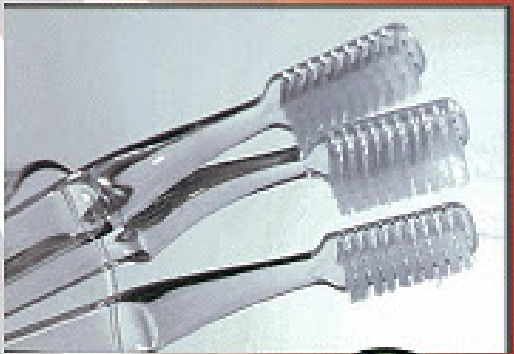
Is your credit card billed to the same address as you gave me ? \_\_\_\_

You'll receive your membership package within 7 days. In the event you do not receive your package within this time frame please contact me at 000-000-000. Thank you for choosing **AmeriPlanUSA®**.

### HERE'S YOUR DENTAL PLUS WEBSITES:

EveryoneBenefits.com/YourIDNumber

MyBenefitsPlus.com/YourIDNumber



**100%  
SATISFACTION  
GUARANTEED**

**Example of savings  
on the most utilized dental procedures:**

Sample General Dental Procedures*	Dental Office Fees** up to	AmertPlan <sup>SM</sup> Fees	AmertPlan <sup>SM</sup> Savings Up To
<b>Exams</b>			
D0150 - Initial Oral Exam	\$103	\$30	<b>71%</b>
D0120 - Periodic Oral Exam	60	12	<b>80%</b>
<b>X-Rays</b>			
D0270 - Introral Complete Series	143	50	<b>65%</b>
<b>Cleaning</b>			
D1110 - Regular Teeth Cleaning <i>(After Scaling &amp; Polishing)</i>	103	38	<b>63%</b>
<b>Fillings</b>			
Amalgam Filling (Silver Colored) D2140 - 1 Surface	152	45	<b>70%</b>
Composite Filling (Tooth Colored) D2330 - 1 Anterior Surface	176	60	<b>66%</b>
<b>Root Canal (Including Final Assessment)</b>			
D3310 - Anterior	288	\$50	<b>56%</b>
D2750 - Porcelain Crown <i>(Average Model Used)</i>	1,192	\$25	<b>96%</b>
<b>Orthodontic Treatment (Bioset)<sup>†</sup></b> <i>(Average Fees may vary by office)</i>			
D8080 - Child (Under age 7)	4,500	2,000	<b>56%</b>
D8090 - Adult (Age 7 and over)	5,000	2,200	<b>56%</b>

\* Current Dental Terminology  
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\*\* National Dental Advisory Service 2008.



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Sample General Dental Procedures*	Dental Office Fees** up to	AmertPlan <sup>SM</sup> Fees	AmertPlan <sup>SM</sup> Savings Up To
<b>Exams</b>			
D0150 - Initial Oral Exam	\$118	\$37	<b>69%</b>
D0120 - Periodic Oral Exam	70	14	<b>80%</b>
<b>X-Rays</b>			
D0210 - Introral Complete Series	162	65	<b>60%</b>
<b>Cleaning</b>			
D1110 - Regular Teeth Cleaning <i>(After Scaling &amp; Polishing)</i>	117	42	<b>60%</b>
<b>Amalgam Fillings (Silver Colored)</b>			
D2140 - 1 Surface - Primary or Permanent	174	70	<b>60%</b>
Composite Filling (Tooth Colored) D2330 - 1 Surface (Anterior)	201	95	<b>53%</b>
<b>Root Canal (Including Final Assessment)</b>			
D3310 - Anterior	992	375	<b>58%</b>
D2750 - Porcelain Crown <i>(Average Model Used)</i>	1,365	550	<b>60%</b>
<b>Orthodontic Treatment (Bioset)<sup>†</sup></b> <i>(Average Fees may vary by office)</i>			
D8080 - Child (Under age 7)	5,000	2,100	<b>58%</b>
D8090 - Adult (Age 7 and over)	5,500	2,250	<b>59%</b>

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\*\* National Dental Advisory Service 2008.

**“Ask”  
One~a~Day**

# "How Do You Like Your Dental Plan?"

	NAME	TELEPHONE	2 Minute Close
DAY 1	_____	_____	_____
DAY 2	_____	_____	_____
DAY 3	_____	_____	_____
DAY 4	_____	_____	_____
DAY 5	_____	_____	_____
DAY 6	_____	_____	_____
DAY 7	_____	_____	_____
DAY 8	_____	_____	_____
DAY 9	_____	_____	_____
DAY 10	_____	_____	_____
DAY 11	_____	_____	_____
DAY 12	_____	_____	_____
DAY 13	_____	_____	_____
DAY 14	_____	_____	_____
DAY 15	_____	_____	_____



Brighter Life Team Builders®

10 Steps TRAINING PAK Last Updated 4/27/2010

by Yvette Rendon, NSD

**"Ask"**  
**One~a~Day**

Example of savings  
on the most utilized dental services

Sample General

Dent

*“How Do You Like Your Dental Plan?”*

NAME

TELEPHONE

2 Minute Close

DAY 16	_____	_____	_____
DAY 17	_____	_____	_____
DAY 18	_____	_____	_____
DAY 19	_____	_____	_____
DAY 20	_____	_____	_____
DAY 21	_____	_____	_____
DAY 22	_____	_____	_____
DAY 23	_____	_____	_____
DAY 24	_____	_____	_____
DAY 25	_____	_____	_____
DAY 26	_____	_____	_____
DAY 27	_____	_____	_____
DAY 28	_____	_____	_____
DAY 29	_____	_____	_____
DAY 30	_____	_____	_____
DAY 31	_____	_____	_____



**FAX NEW BUSINESS: 469-229-4589**

ANOTHER OPTION whe you have the written & signed application you can fax it or mail it to corporate.

1. Put your IBO number on the top right hand corner, this way you'll get paid on your sign up.
2. Do not enter them online if you're faxing or mailing the signed application in order to avoid double charges.