



Dental Savings Plan

Enrollment Form

Your membership in our Dental Savings Plan provides you with a full year of excellent benefits which will allow you to consistently get the care you deserve at a price you can afford.

Annual Premium Fees: *(Membership fee is due at your first appointment of each year)*

- \$95.00 Individual
- \$145.00 Individual plus one
- \$190.00 Family (3 or more people in the same household)

Your Membership Benefits Include:

- 50% discount on all exams, x-rays, regular cleanings, periodontal recalls, fluoride, Oral ID
- 20% discount on all general dentistry services and periodontal treatment
(fillings, crowns, bridges, extractions, root canals, dentures, partials, etc.)

Enrollment:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Members' Signature: _____ Date: _____ Staff Initials: _____

Other people to be included on this plan:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Terms & Conditions:

- Discount is reduced by 5% if using CareCredit.
- Botox and Juvederm fillers are not eligible for discounted rates.
- For Family plans, "family" means persons living in your household, who are under 26 years of age and for whom you are the responsible party (ex: mom, dad, 3 kids under 26 years old)
- We are unable to combine the Dental Savings Plan with any other insurance benefits. If you should obtain dental insurance after you purchase the Dental Savings Plan, the plan becomes null and void. No refund will be given.