**ADC DENTAL SAVINGS PLAN APPLICATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

I understand this plan is in effect only if I am not covered by dental insurance \_\_\_\_ Initial

I understand this program is a discount plan, not dental insurance. \_\_\_\_\_\_\_\_\_\_ Initial

**I am applying for:**

\_\_\_\_\_\_\_ Individual $ 425

\_\_\_\_\_\_\_ Dual $ 830

\_\_\_\_\_\_\_ Family (3) $1185

\_\_\_\_\_\_\_ Family (4) $ 1560

\_\_\_\_\_\_\_ Family (each additional member) @ $410

**TERMS AND CONDITIONS:**

1. **Plan benefits**

Diagnostic- 2 Routine Exams (Comprehensive or Periodic). Routine Xrays (Panoramic Xray or Bitewing Xrays)

Preventative – 2 Routine Cleaning (excludes periodontal services) Fluoride Treatment- 1 per year

Restorative, periodontal, endodontic, surgical and prosthetic services will receive 10% off of our office fees throughout the year. (Some services may be referred to a specialist and are not covered in the discount plan).

I understand and agree to the plan benefit terms: SIGN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Plan conditions**

* Member fee is non- refundable and non- transferrable
* No refunds or premiums will be issued at any time if participant decides not to utilize the plan.
* Total annual cost is due at the time of enrollment.
* Patient’s portion of bill is due at the time of service.
* Charges for missed, cancelled or broken appointments are excluded from the plan and must be paid prior to the next appointment.
* The plan participant is responsible for utilizing the plan’s services.
* This is a discount plan, not a dental insurance plan. It can not be used in conjunction with dental insurance or with any other dental plan.
* For treatment which, in the sole opinion of the treating dentist, lies outside the realm of their capability.
* For referral to a specialist.
* With any other offer or coupon.

I have ready and understand the plan conditions: SIGN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You will not receive a membership card. The plan’s effective date will be on file with

the office.

Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plan will be active for 1 year after effective date.

 **ADC DENTAL SAVINGS PLAN**

**You are eligible for the ADC Plan if:**

* You are currently an active or a new patient of our practice.
* You do not have dental insurance.

**Plan Benefits**:

* You will receive 2 routine exams (Comprehensive or Periodic)
* Routine X-rays (Panoramic Film or Bitewings)
* Fluoride treatment 1 per year.
* 10% off services in office.
* No deductibles, monthly premiums or waiting periods.

**With no dental coverage**:

2- Exams $175

2 routine cleanings $228 **Total: $679**

X-rays $225

Fluoride $51

**ADC dental savings plan**:

2- Exams Included

2- Routine cleaning Included **Total**: **$425**

X-rays Included

Fluoride x 1 Included