

## DENTAL MEMBERSHIP PLAN



Designed to provide greater access to quality dental care at an affordable price!

## JOIN TODAY!

With our dental care plan, you save on a variety of services, from cleanings to crowns and cosmetic procedures.

- ✓ NO maximums, unlimited coverage
- ✓ NO deductibles
- ✓ NO claim forms
- ✓ NO membership cards
- ✓ NO pre-authorization requirements
- ✓ NO pre-existing conditions limitations
- ✓ NO one will be denied coverage
- ✓ NO waiting periods (*immediate eligibility*)

Ask any of our team members to find out more information on how to sign up.

CALL US AT (508) 829-3292

## PROGRAM GUIDELINES

- \* Your treatment must be paid for at the time of service.
- \* Cannot be used in conjunction with another dental plan or financing, such as CareCredit.
- \* No refunds of premiums will be issued at any time if participant decides not to utilize the dental plan.
- \* NON-REFUNDABLE

## PROGRAM EXCLUSIONS & LIMITATIONS

This program is a discount plan, NOT a dental insurance plan IT CANNOT BE USED:

- \* In conjunction with another dental plan, dental insurance, or financing program such as CareCredit or Compassionate Finance.
- \* For treatment which, in the sole opinion of our doctors, lies outside the realm of their capabilities.
- \* A \$50 re-appointment fee will be charged if cancellations occur less than 2 business days before appointment.
- \* For costs of dental care which are covered under medical insurance, auto insurance, or worker's compensation.

There is NO credit or roll-over of the plan fee if the plan is not used or only partially used. The plan cannot be transferred to another person. The plan is for the 12 months following your date of the payment for the plan.

**Holden  
Family**  
DENTISTRY



## DENTAL MEMBERSHIP PLAN

**Holden  
Family**  
DENTISTRY

(508) 829-3292

1010 Main St #6, Holden, MA 01520  
admin@holdenfamilydentistry.com  
www.holdenfamilydentistry.com

# PLAN MEMBERSHIP FEES

PLAN	TOTAL ANNUAL COST
Single	\$479 <i>(you save over \$440 off regular fees)</i>
Dual	\$859 <i>(you save over \$979 off regular fees)</i>
Child under 18	\$359 <i>(you save over \$593 off regular fees)</i> \$279 <i>(Each additional child)</i>



# DENTAL MEMBERSHIP PLAN APPLICATION

To enroll in the plan, please fill out this form and return it to our office along with your plan payment.

## Personal Information

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## Choose Your Plan

- Single \$479                       Dual \$859
- First child under age 18 \$359
- Additional children under age 18 \_\_\_\_\$279
- Renewal *(save \$20 per person)*

The Annual Fee is required at enrollment and cannot be financed. The Dental Membership Plan membership fees are non-refundable and Holden Family Dentistry reserves the right to modify, change, or discontinue the Plan terms, fees and services at it's discretion, and upon written notice of said changes to the plan by Holden Family Dentistry prior to your next enrollment anniversary date.

## Select Your Payment Method

- Cash *(payable in office only—Do not mail cash)*
- Check *(make checks payable to Holden Family Dentistry)*
- Credit Card # \_\_\_\_\_  
Exp. Date: \_\_\_\_\_ CVC \_\_\_\_\_  
Date \_\_\_\_\_



## PLAN BENEFITS

- ✓ 1 Comprehensive New Patient Exam
- ✓ 2 Annual Exams
- ✓ 1 Emergency Exam *(used at any time during the plan year)*
- ✓ 2 Preventative Cleanings
- ✓ Perio Maintenance visits *(\$250 off 2 perio maintenance visits and 10% off additional visits)*
- ✓ 2 Oral Cancer Screenings
- ✓ 2 Fluoride Treatments *(under age 18)*
- ✓ Complete Set of Full Mouth X-Rays
- ✓ Any additional x-rays needed during the plan year
- ✓ 10% OFF Additional Cleanings or Periodontal Therapy
- ✓ 10% OFF Fillings, and Oral Surgery *(extractions)*
- ✓ 10% OFF Crowns *(and build-ups), Veneers, Partials, Implants, Dentures, and Periodontics*
- ✓ 10% OFF Teeth Whitening

## PLAN DISCOUNTS

### Diagnostic & X-rays

- New Patient Exam ..... 100%
- Two Annual Exams ..... 100%
- One Emergency Exam *(if needed)* ... 100%
- Four Bite Wing X-Rays..... 100%
- Periapical X-Ray ..... 100%
- Periapical X-Ray, each additional..... 100%
- Complete Set of Full Mouth X-Rays... 100% *(one every 3 years)*

### Preventative

- Child Prophy *(two cleanings per year)* .... 100%
- Adult Prophy..... 100% *(two preventative cleanings per year)*
- Fluoride Treatment ..... 100% *(2 per year, under age 18)*
- Oral Cancer Screenings *(2 per year)*.... 100%
- Sealants..... 100%
- Additional Cleanings, Adult Fluoride or Periodontal Maintenance ..... 10%

### Other Procedures

- Fillings, Oral Surgery..... 10%
- Crowns, Veneers, Dentures, Partials ... 10%
- Periodontics ..... 10%
- Implants ..... 10%
- Invisalign..... 10%