

DHS Dental Membership Plan

Plan Start Date: ___/___/___

Plan End Date: ___/___/___

Single (\$335)		Family Plan With Size of 4 (\$1150)	
Dual (\$650)		\$170 For Each Additional Member	
Family Plan With Size of 3 (\$900)			

- Family Plan includes family members and children who are enrolled full-time in college until the age of 23, or children who are not enrolled full-time in college until the age of 18.
- You will not receive a membership card - Your plan's effective date will be on file with our office.

Responsible Member

Name: _____ Date of Birth: ___/___/___
 First MI Last

Phone: _____
 Home Cell Work

Address: _____
 Street Apt # City State Zip Code

Additional Members

Name: _____ Date of Birth: ___/___/___
 First MI Last

Name: _____ Date of Birth: ___/___/___
 First MI Last

Name: _____ Date of Birth: ___/___/___
 First MI Last

Name: _____ Date of Birth: ___/___/___
 First MI Last

By signing this form I agree to enroll myself and family in the DHS Dental Membership Plan. I understand that with this enrollment, each member of my plan will receive benefits specified under coverage/discount table in the following page (some exclusions apply; see following page for details).

Signature

Date

DHS Dental Membership Plan

MEMBER TERMS AND CONDITIONS

DHS Dental Membership Plan is a membership-based plan that will begin on the first day of enrollment (Plan Start Date) and will expire one day before the original start date of the following year (Plan End Date). This will be considered the “benefit year”. Enrollment/membership will begin on the day in which the completed/signed enrollment form, Member Terms & Conditions form, and full payment of the membership fee is received. This is NOT an insurance plan. You are responsible for all treatment fees at the time of service. By enrolling in this plan you are guaranteed a 10% reduction of fees for all dental services, including cosmetic procedures, implant dentistry, and whitening services within the benefit year. The 10% reduction of fees DOES NOT apply to past due balances or services rendered prior to the Plan Start Date. Your membership includes two complimentary periodic exam, four bitewing x-rays, and an oral cancer screening per benefit year. Unlike traditional dental insurance plans, there are no waiting periods, annual maximums, deductibles, or frequency limitations. If you are an existing patient you can take advantage of your two complimentary periodic exam, four bitewing x-rays, and oral cancer screening at your next recare appointment (once within the benefit year). If you are a new patient your first exam at DHS Dental is a comprehensive oral exam, and thus your complimentary periodic exam would occur at your next recare appointment within the benefit year. Your complimentary periodic exams, four bitewing x-rays, and oral cancer screening do not need to be done within one visit; you may split them up throughout the benefit year. The DHS Dental Membership Plan cannot be combined with ANY other discounts. If you currently are insured under a traditional dental insurance plan or discount plan that DHS Dental is contracted with as a “participating/in-network” provider, we would be unable to enroll you as a member due to contractual violations with your insurance company or discount plan. If you do carry a traditional dental insurance which DHS Dental is NOT contracted with (i.e. “non-participating/out-of-network” provider), then you are able to enroll in the Membership Plan. However, this savings will not be effective until you have reached the annual maximum with your dental insurance plan. The DHS Dental Membership Plan cannot be applied towards retail products such as Sonicare toothbrushes, Sonicare toothbrush replacement heads, AirFloss, MI Paste, Dry Mouth gel, custom whitening trays and refill whitening gels. A member may terminate his/her membership in the DHS Dental Membership Plan at any time during the Plan year. However, the membership fee will ONLY be refunded within the first 30 days of enrollment if the member wishes to terminate within the first 30 days of enrollment. The membership fee will not be refunded for any reason beyond this initial period. DHS Dental reserves the right to terminate the membership should the need arise in terminating the relationship with the patient due to a severe breach of office policies set forth by DHS Dental. If a patient is being terminated from the practice (and consequently from the membership to the Membership Plan), the patient/member will be notified in writing by US Postal Mail at least 30 days prior to the termination date. No refund will apply. By signing this form, I agree to the terms and conditions of the DHS Dental Membership Plan.

Signature

Date