

Isle Family Dentistry Savings Plan

☐ New Account ☐ Existing Account

Part A - Account Holder Information

Primary Name:		Last	First		Date of Birth / /		
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Marital Status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>
Primary Address:	Address:		Home Phone:		Work Phone:		
	City:		State:		Zip Code:		

Part B – Membership Type

Select Membership for Family Members	
<input type="checkbox"/> Account Holder Only	<input type="checkbox"/> Family
<input type="checkbox"/> Account Holder and Spouse	<input type="checkbox"/> Account Holder and Dependent Child(ren)

Part C – Dependent Information

Relationship to Account Holder	Last Name,	First Name	Gender		Date of Birth	Full Time Student?		Unmarried	
Spouse			M	F					
Dependent Child			M	F		Y	N	Y	N
Dependent Child			M	F		Y	N	Y	N
Dependent Child			M	F		Y	N	Y	N

Membership Plans Starting At \$345

Second Family Member \$335

Third Family Member \$300

Each Additional Family Member \$275

Part D - Terms and Conditions:

- Patient is responsible for scheduling before end of plan year. (Appointment cannot be guaranteed at end of plan year if schedule is full)
- This plan is offered as an alternative to dental insurance
- Plans valid for one full year from purchase date
- All savings plan fees are non-refundable
- Patient's portion of bill due on day of service to receive discount, (pay the discounted amount at the time of treatment). You may use the discount as many times as you want during the plan year as long as your account is paid in full
- Cannot be used in conjunction with any other insurance or **discount**
- No refunds will be issued at any time if benefits not used
- The savings plan does not cover any portion of referred specialist's fees
- Savings plan will not apply to costs of dental care for injuries covered by workman's compensation
- Does not apply to services, which in the sole discretion of the dentist, are not recommended or within the scope of their capabilities or training
- Plan fee and Services cannot be paid for using third party financing such as Care Credit
- Must pay the initial plan fee to receive 15% discount on services
- Dependents must be 19 years of age or younger unless an unmarried college Student than must be 23 years or younger.
- If the enrollee/dependents require periodontal maintenance or an addition to more than two dental cleanings in a year; the Savings Plan Discount will be applied if paid for on the day of service.
- Fully Edentulous (Upper & Lower Dentures) Patients will not see a savings with this plan

For Annual plan fee you'll get:

2 Dental Cleanings,
2 Doctor Exams, Oral Cancer Screening
1 Set of Bitewing X-rays, 1 Panoramic X-ray
Yearly Fluoride Treatment (14 and under)

Plan Fee Also Includes 15% discount on services paid for on the day of service.

Crowns, Partials, Dentures,
Implant Abutments & Crowns,
Fillings, Root Canals, Extractions, Periodontal Maintenance

10% off on orthodontic services if paid in full

Part E – Signature

I have reviewed and understand this plan as presented on this form and agree to all terms as presented. I also understand this is not Insurance and can only be used at Isle Family Dentistry.

Account Holders Signature: _____ Date: _____