



Savers Plan Included Coverage

Examinations	<ul style="list-style-type: none"> • 100% Comprehensive Exam (one/3 years) • 100% Periodic Exam (two/year) • 100% Limited Exam(one/year)
Preventative	<ul style="list-style-type: none"> • 100% Adult Cleaning (two/year) or • 100% Child Cleaning (two/year) • 50% Perio Maintenance (four/year) • 50% Sealants
Radiographs	<ul style="list-style-type: none"> • 100% Full Mouth Set of X-rays (one/3years) • 100% Bitewing X-rays (two/year) • 100% Periapical X-rays (two/year) • 100% Panoramic X-ray (one/3 years)

All Other Services 30% - 50% Discount
You will have access to discounted pricing on <u>all our</u> offered services <u>including</u> cosmetic procedures
Crowns, Root Canals, Fillings, Deep Cleanings, Dentures &Partials, Implants, Extractions, Veneers, Etc.

Membership Benefits Include

- 100% Coverage of Exams, X-rays and Cleanings (2+times/year)
- 30%-50% discount on all procedures
- Applies to Cosmetic Dentistry
- No yearly maximum
- No deductible required
- No waiting periods
- No preexisting condition clause

Yearly Membership Dues

- 1st Family Member - \$250.00
- 2nd Family Member - \$150.00
- Each Additional Member - \$100.00/ea.

Terms and Conditions

- Allen Dentistry Savers Plan is NOT Dental insurance and cannot be combined with any other insurance or discount plans
- Allen Dentistry Savers Plan is good for use at Allen Dentistry only. Other dental providers are not required to honor the fees for this plan.
- Payment of yearly membership dues must be made in full at time of enrollment.
- This plan cannot be transferred between family members or other individuals who are not listed on the enrollment form.
- The fees associated with this plan are subject to yearly increases and Allen Dentistry may increase fees at any time without prior notice. All treatment estimates given will be honored for one year after the date of increase. All new treatment items planned after the fee increase will be subject to the new fee.
- The yearly Membership Dues are non-refundable even if the patient chooses not utilize the plan.
- Other sales, coupons, offers or deals may not be combined with this plan.
- Payment for service is due at time of service. If you choose to extend your payment for treatment by paying through Care Credit[®] the discount is reduced by 10% due to merchant fees.



Savers Plan Enrollment Form

1st Family Member's Information:

Name _____ E-Mail Address _____
 Address _____ City _____
 State _____ Zip _____
 SSN _____
 Home Phone _____ Cell _____ Work _____

2nd Family Member's Information:

Name _____ E-Mail Address _____
 Address _____ City _____
 State _____ Zip _____
 SSN _____
 Home Phone _____ Cell _____ Work _____

Children's Information (Children must be under 26):

Name _____	Birthday _____
Name _____	Birthday _____
Name _____	Birthday _____
Name _____	Birthday _____
Name _____	Birthday _____
Name _____	Birthday _____

Plan Cost:

1st Individual \$250.00 = \$250.00
 2nd Family Member \$150.00 = _____
 Additional Family Member(s) \$100.00 X _____ = _____

Total Annual Cost: = _____

Renewal Date: _____

***Your plan takes effect on the date you sign up and your renewal date is the same every year.**

You may add family members to the plan within the first month of enrollment to receive the full yearly benefit for the additional family members at the rate specified above. If you wish to add family members to plan after the first month at the price listed, the term for the plan of the additional family members will be shortened to coincide with the renewal date of the original family member to apply. Additional family members not wishing to have their term shortened to the original member's renewal date must then enroll in their own individual policy at the fee of 250.00.

Applicant's signature: _____ **Date** _____

For Office Use**

Allen Dentistry Savers Plan	
Renewal Date: _____	
1 st Individuals Name: _____	
DOB: _____	Cell: _____
Spouse's Name: _____	
DOB: _____	Cell: _____
Child: _____	DOB: _____
Child: _____	DOB: _____
Child: _____	DOB: _____
Child: _____	DOB: _____
Child: _____	DOB: _____
Notes: _____	