

Dental Assistance Savings Plan Application



Your Profile

Name:		Social Security Number:	
Address:			
City:		State:	Zip:
Home Phone:		Work Phone:	
Email:		Cell Phone:	

Your Spouse's Profile

Name:		Social Security Number:	
Address:			
City:		State:	Zip:
Home Phone:		Work Phone:	
Email:		Cell Phone:	

Your Children

Name:	Age:	Social Security Number:
Name:	Age:	Social Security Number:
Name:	Age:	Social Security Number:
Name:	Age:	Social Security Number:
Name:	Age:	Social Security Number:

Member Signature:	Date:
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Plan Summaries

	COMPREHENSIVE	COMPREHENSIVE PLUS
Single Membership	\$360	\$650
Dual Membership	\$720	\$1,300
Family (3) Membership	\$1,044	\$1,624
Family (4) Membership*	\$1,368	\$1,948

*\$324 Each Additional Member Up to 21 Years Old

TOTAL: \$ VISA MasterCard Discover

Credit Card #:	Exp Date:
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Authorized Signature: _____

Please mail this completed application with payment (check or credit card) to:

The Center for Dental Excellence
19615 Governors Highway
Flossmoor, IL 60422

PROGRAM DETAILS

- The program is a discount plan, not a dental insurance plan. It cannot be used:
- In conjunction with another dental plan
 - For services for injuries covered under workman's compensation
 - For treatment, which, in sole opinion of the treating dentist, lies outside the realm of his or her capability
 - For referrals to specialists
 - For hospitalization or hospital charges of any kind
 - For costs of dental care which is covered under automobile or medical insurance
 - For dental treatment in progress
 - This plan is only honored at The Center for Dental Excellence, LLC.
 - This dental discount plan is not an insurance plan that can be used with any other dental office

PROGRAM GUIDELINES

- Automatic renewal with credit card on file, unless cancelled prior to expiration date
- Cannot be used in conjunction with another dental plan
- NON-REFUNDABLE
- No refunds or premiums will be issued at any time if participant decides not to utilize dental plan
- Not transferable
- Patient's portion of bill is due on day of service
- No additional cash discounts will apply
- There will be a \$50 Broken Appointment Fee without 24 hour notice
- A second Broken Appointment without 24 hour notice nullifies participation in plan and all fees are forfeited
- Any costs associated with outside financing are the sole responsibility of the patient