

## Membership Benefits

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- No yearly maximums
- No age limit (including fluoride)
- No deductibles
- No waiting periods
- No Pre-Authorization required
- No Pre-Existing Condition limitations
- No Claim Submittal forms
- **15% discount on restorative services**
- **5% discount on orthodontics, cosmetic/therapeutic injectables, hybrid dentures, and full mouth rehab cases**
- **In-Office products** (including the KoR Whitening Systems) are **not eligible** for discount

### Holland Dentistry

305 N Meridian St., PO Box 7  
Holland, IN 47541

812-200-5333

[www.hollandsmile.com](http://www.hollandsmile.com)

## Exclusions & Limitations

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- The Dental Wellness Savings Plan is only valid at Holland Dentistry. Holland Dentistry retains the right to interpret any program stipulations.
- Benefits begin immediately. Dental Wellness Savings Plan members must be on the plan for a minimum of 12 months.
- All plan payments are non-refundable. No exclusions (i.e. relocating or switching offices)
- The Dental Wellness Savings Plan is not dental insurance and cannot be combined with any dental insurance plans.
- Your effective date is the date you sign up and the renewal date is the same date each year unless a 30-day written notice is given prior to renewal. The plan must be in effect before services are rendered.
- The annual membership fee must be paid in full on the date you sign up. If annual premium is not paid, you will not qualify for any discounts.
- Membership benefits are not transferable, have no cash value and may not be redeemed for cash.
- The Dental Wellness Savings Plan is for individual use only. It is not a group benefits plan.
- Treatment started prior to enrollment is not eligible for discount.
- All procedure fees are due in full on the day of service to receive the 15% discount.
- Missed appointment fees are ineligible for the membership discount.
- Plan participants are responsible for scheduling their periodic treatments. Participants are also responsible for notifying Holland Dentistry of any address or contact changes.
- In the case that dental treatment is needed following any type of injury where a lawsuit and therefore medical, auto, disability, or workman's comp insurances are involved, this plan cannot be used.

# Dental Wellness Savings Plan

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A simple and affordable plan designed for you and your family's dental needs



## Investment

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Our Dental Wellness Savings plan is designed to provide affordability and greater access to quality dental care. *\*New Patients: there will be an additional charge of \$59 to your qualified plan to cover your new patient exam and x-rays.*

### Child Plan

\$325/annually – ages 12 and under

- Cleanings (2 per year)
- Cavity Checking X-Rays (1 per year)
- Exams by your Doctor (2 per year)
- Fluoride Treatment (2 per year)

### Adult Plan

\$375/annually – ages 13 and older

- Cleanings (2 per year)
- Cavity Checking X-Rays (1 per year)
- Exams by your Doctor (2 per year)
- Fluoride Treatment (2 per year)

### Periodontal Plan

\$575/annually – no age limit

- Periodontal Maintenance Cleanings (4 per year)
- Cavity Checking X-Rays (1 per year)
- Exams by your Doctor (2 per year)
- Fluoride Treatment (2 per year)

## How to Enroll

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To enroll in the Dental Wellness Savings Plan, complete this form and your enrollment will be completed at your scheduled appointment.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DOB \_\_\_\_\_ SS \_\_\_\_\_

Dependent Name \_\_\_\_\_

DOB \_\_\_\_\_ Relationship \_\_\_\_\_

Dependent Name \_\_\_\_\_

DOB \_\_\_\_\_ Relationship \_\_\_\_\_

Dependent Name \_\_\_\_\_

DOB \_\_\_\_\_ Relationship \_\_\_\_\_

### Select Your Annual Plan Options

- Child Plan - \$325/annually
- Adult Plan - \$375/annually
- Periodontal Plan - \$575/annually

Total Annual Cost \$ \_\_\_\_\_

Enrollment Period \_\_\_\_\_ thru \_\_\_\_\_

## Method of Payment

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**Cash**

**Check**

**Annual Credit Card Payment**

\* 3.25% service fee for CC & Debit

Name on Card \_\_\_\_\_

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVC \_\_\_\_\_

Signature \_\_\_\_\_

Authorization: I understand Holland Dentistry's In-Office Dental Wellness Savings Plan as outlined in the membership agreement. I understand this plan is non-refundable and non-transferable. I also understand I must give a 30 day written notice should I decide to cancel my annual membership. Should there be a change in plans and fees, I understand I will be notified of them.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Updated: 5-1-2023