



BEL DRIVE DENTAL SAVINGS PROGRAM

Select a program: Individual Child Single Dual Family

Please answer all questions or indicate "not applicable"

PERSONAL INFORMATION

First Name: _____ Last Name: _____
 Birthday: _____
 Mailing Address: _____
 Street Address: _____
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____
 Email Address: _____

SPOUSE'S/PARTNER'S PERSONAL INFORMATION

First Name: _____ Last Name: _____
 Birthday: _____
 Cell Phone: _____
 Email Address: _____

CHILDREN

First Name: _____ Last Name: _____
 First Name: _____ Last Name: _____
 First Name: _____ Last Name: _____
 First Name: _____ Last Name: _____
 First Name: _____ Last Name: _____

 Member Signature Date

 Parent or Guardian Signature (if child is under 18) Date

After the initial term of the one (1) year contract, this agreement shall be deemed renewed automatically each year for an additional one (1) year period unless canceled in writing within thirty (30) days of the current term expiration date.

Auto-enroll? Yes No _____
Initial Date

A recurring payment authorization form is required to be completed if checked "yes."



BEL DRIVE DENTAL SAVINGS PROGRAM

Bel Drive Dental Savings Program is a **one (1) year contract**, starting from the date of the signed contract between the patient and Bel Drive Dental. Our dental savings program is designed to provide access to affordable, quality dental care.

DENTAL BENEFITS INCLUDE:

- **Two Basic Dental Cleanings** (Adult Prophy, Periodontal Maintenance, or Child Prophy)
- **Comprehensive/Periodic/Limited Exam** (Two Per Year)
- **Annual Radiographs** (Bitewings; Full Mouth Series or Panoramic Radiograph if necessary)
- **Two Fluoride Treatments**

*****ALL OTHER SERVICES OFFERED AT BEL DRIVE DENTAL ARE DISCOUNTED 15% OFF*****

COST:

- **Individual Child** (Age 13 and Younger) = **\$315**
- **Single** (Age 14 and Older) = **\$425**
- **Dual** (Married Couple) = **\$750**
- **Family** (Three Members or More)
 - **1st Member** = **\$375**
 - **2nd Member** = **\$350**
 - **3rd Member** = **\$325**
 - **Additonal Members** = **\$300 each**

EXCLUSIONS AND LIMITATIONS:

- This contract is only for services performed by a staff member of Neighborhood Dental.
- This contract does not replace, eliminate, or modify any other contract with Neighborhood Dental.
- This contract does not give discounts on services already rendered.
- Family plans are limited to families of 3 people or more.
- Family members must live in the same household as the contract holder (unless attending college), are limited to immediate family members (parents and children), and are included in the family option up the age of 20.
- Maximum allowed discount off any single procedure is \$500.
- Payment must be made at time of service.
- Cannot be used or combined with any other discount or promotion.
- No refunds of premiums will be issued at any time if participant decides not to utilize plan.