

WILLIS J. JENSEN, DDS
Family Dentistry
 DENTAL SAVINGS PLAN
 ENROLLMENT FORM

To apply for membership please complete below information. Thank you.

Name: _____
 First Name Last Name

Address: _____
 Street Address

 Street Address (line 2)

 City State Zip Code

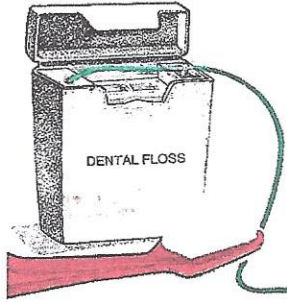
Contact Number: (_____) _____ - _____

Application/Plan Type:

- Adult (18 years and older)
 \$412 1. _____ 2. _____ 3. _____
- Child (under 18 years or full-time Student under 24 years)
 \$364 1. _____ 2. _____ 3. _____
- 4 or more family members
 \$344 4. _____ 5. _____
 6. _____ 7. _____

 Signature Date

<i>Office use only</i>	<i>Effective Dates: Start:</i>
	<i>End:</i>



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 DENTAL SAVINGS PLAN

Our Dental Savings Plan was created to provide affordability and greater access to quality dental care. If you have recently lost your dental coverage, or have never had dental coverage, this plan may be the right choice for you.

Advantages of the Dental Savings Plan are:

- No Yearly maximums
- No deductibles
- No claim forms
- No pre-authorization requirements
- No pre-existing condition limitations
- No waiting periods

12 Month Enrollment Premiums

- Adult \$412
- Child* \$364
- Additional family members \$344
 (4 or more family members)

Membership fees must be paid in full prior to receiving benefits

*Children who are enrolled full-time in college until the age of 23 and/or
 Children who are not enrolled full-time in college until the age of 18.

Program Exclusions and Limitations

This program is a discount plan, not a dental insurance plan. It cannot be used:

- In conjunction with any other dental plan or third party financing
- For treatment of injuries covered under worker's compensation
- For treatment which, in the opinion of the dentist, lies outside the realm of their capability
- For referrals to specialists
- For any services provided outside this office
- For costs of dental care when treatment is covered under any other accident or medical insurance
- With any other offers

Program Guidelines

- NON-REFUNDABLE (No refund of premiums will be issued at any time for any reason if participant decides not to utilize their Dental Savings Plan)
- You will not receive a membership card. Your plan's effective date will be on file with our office
- Premium rates are based on 2016 fees and valid for the 12 month enrollment period only

Covered Services

Preventive

<u>Treatment</u>	<u>Member Discount</u>
• Comprehensive Oral Exam (New patient, initial visit)	100%
• Periodic Exam	100%
• Limited Oral Exam (Problem focused-2 per benefit year)	100%
• Periapical X-ray, first film	100%
• Periapical X-ray, each additional film	100%
• Cavity detecting X-rays (one set per benefit year)	100%
• Routine Adult Cleaning (two per benefit year)	100%
• Routine Child Cleaning (two per benefit year)	100%
• Flouride (two per benefit year)	100%
• Periodontics	20%
• Oral Hygiene Instruction	100%
• Consultation	100%

Restorative

<u>Treatment</u>	<u>Member Discount</u>
• Fillings	20%
• Crowns/onlays/inlays/bridges	20%
• Dentures & Partials	20%
• Implants	20%
• Simple extractions	20%

Other

<u>Treatment</u>	<u>Member Discount</u>
• Whitening – at home	20%
• Night Guard	20%