Northwest Dental ASSOCIATES

SAVINGS PLAN

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

DENTAL BENEFITS INCLUDE:

- **Comprehensive/Periodic Exams** (Two per year)
- **Bitewing X-Rays** (One per year)
- **Full Mouth Series X-Rays/Panorex** (One every three years)
- **Preventative Cleanings - Adults + Children** (Two per year)
- **Periodontal Maintenance Cleanings** (Two per year)
- **Fluoride** (Two per year - no age limit)
- **Oral Cancer Screenings** (Two per year)

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

COST:

- **Individual Child** (Age 13 and Younger) **= $325**
- **Single** (Age 14 and Older) **= $450**
- **Dual** (Married Couple) **= $800**
- **Family** (Three Members or More)
  - **1st Member = $400**
  - **2nd Member = $375**
  - **3rd Member = $350**
  - **Additional Members = $315 each**

EXCLUSIONS AND LIMITATIONS:

- This contract is only for services performed by a staff member of Northwest Dental.
- This contract does not replace, eliminate, or modify any other contract with Northwest Dental.
- This contract can not be used in addition to dental insurance.
- This contract does not give discounts on services already rendered.
- Dual plans consist of Spouse/Domestic Partners OR single parent with a single child aged 14-20 years old.
- 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.
- 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.

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Select a plan: ☐ 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 via email or a phone call within thirty (30) days of the current term expiration date. You will receive an email 45 days and 30 days in advance of your contract end date. At that time, if you want to cancel your auto-enrollment, please respond to the email or call the clinic directly. If you forget to respond/cancel, we can refund you in full as long as no benefits have been used for that renewal period.

A recurring payment authorization form is required to be completed.