

## Dental Savings Plan Agreement

### Responsible Party Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
E-mail address \_\_\_\_\_

### Your Dental Savings Plan Includes (per year):

- Two routine exams, two routine cleanings\*\*, and any necessary x-rays (includes panoramic imaging)
- Two fluoride varnish applications (age 13 and under)
- Any necessary emergency exams and x-rays
- Oral cancer screenings with every exam
- Free consultations for implant/cosmetic dentistry
- 10% off Invisalign or Clear Correct clear aligners
- 20% discount on all other dental treatment

### Enrollee Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

### Pricing

Adult (Age 14 and over - \$349/yr) ----- Total Adults Enrolling: \_\_\_\_\_  
Adult (Each additional - \$319/yr) ----- Add'l Adults Enrolling: \_\_\_\_\_  
Child (Age 6-13 - \$249/yr) ----- Total Children Enrolling: \_\_\_\_\_  
Child (Age 1-5 - \$199/yr) ----- Total Children Enrolling: \_\_\_\_\_

### Payment Options:

Total amount paid in full \$ \_\_\_\_\_  
☐ Cash ☐ Check ☐ Credit Card

### Credit Card Information

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Cardholder Name: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_/\_\_\_\_ Security Code \_\_\_\_\_ Zip Code \_\_\_\_\_

**By signing below, I acknowledge that I have reviewed, understand, and agree to the terms and conditions of the Dental Savings Plan. I authorize this dental office to process my payment as listed in this Agreement.**

**Signature of Responsible Party:**

\_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_

NO INSURANCE?  
**NO PROBLEM.**

DENTAL SAVINGS PLAN

  
**PARKWAY**  
FAMILY DENTAL

## Adult (Age 14+)

~~\$1007~~  
**\$349**  
/year



\$319/year for each additional adult

## Child (6-13)

~~\$720~~  
**\$249**  
/year



## Child (1-5)

~~\$431~~  
**\$199**  
/year



### Parkway Family Dental

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Louisville, KY 40214  
p. (502) 366-4121

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www.pkwyfamilydental.com

## What is the Dental Savings Plan?

The Dental Savings Plan is our membership-based program that provides the quality care you deserve without the hassles of traditional dental insurance. Members pay an annual fee to receive regular exams, cleanings, and x-rays, along with access to significantly reduced rates on all other procedures performed in our office. There are no annual caps, no limits, and no waiting periods

**Compared to paying per visit, adult memberships save an average of \$506 in their first year of membership on preventative services alone!** Plus you save 20% on any necessary dental treatment and avoid paying thousands in premiums on the marketplace for traditional dental insurance.

**Our plan is designed to provide greater access to quality dental care at an affordable price.**

- No yearly maximums
- No Deductibles
- No Surprise bills
- No Frequency limitations
- No Pre-authorization requirements
- No Pre-existing condition limitations
- No Denied coverage
- No Waiting periods (immediate eligibility)

### The Dental Savings Plan includes (per year):

- Two routine exams, two routine cleanings\*\*, and any necessary x-rays (includes panoramic imaging)
- Two fluoride varnish applications (age 13 and under)
- Any necessary emergency exams and x-rays
- Oral cancer screenings with every exam
- Free consultations for implant/cosmetic dentistry
- 10% off Invisalign or Clear Correct clear aligners
- **20% discount on all other dental treatment**

### Program Exclusions & Limitations:

This is a savings plan, not dental insurance. It cannot be combined with any other insurance. It is only valid at this dental office; care from other providers and specialists is not included. Plan fees are subject to change. For complete details, see Plan Agreement or Plan Terms and Conditions on reverse side

\*\*If periodontal infection is present, a periodontal scaling may be required at the 20% discounted fee. If more than two routine cleanings or periodontal maintenances are indicated per year, the third and subsequent visits will be provided at the 20% discounted fee.



### Plan Terms and Conditions

- This is not dental insurance, rather a savings plan. This savings plan cannot be used in conjunction with dental insurance or any other discounts. This plan is only valid at this dental office. Care from other providers or specialists is not included. Plan fees are subject to change.
- If you are a current patient enrolling in the savings plan, your account must have a zero balance
- The plan is not retroactive and will become effective on the date of enrollment
- It is the members responsibility to utilize the services included in this agreement within their plan year limit. Any unused benefits will not be carried over or refunded. The plan is non-transferrable.
- It is the patient's responsibility to inform this dental office of changes in billing information due to expired credit/debit cards, etc. Expired cards are not a valid reason for non-payment. If we are unable to process a member's credit card the savings plan is void until payment is made. Any unused benefits during this time are relinquished. Any scheduled future appointments will be cancelled and cannot be rescheduled until account is in good standing
- In exchange for the care provided under this plan, the covered member agrees to pay all balances in full at the time of treatment. If treatment is not paid in FULL at the time of service, the 20% discount is void. If paying for treatment using Care Credit or another financing option, the discount offered on treatment will be 10%.
- The member has the right to opt out of the plan for a full refund within 30 days of enrollment as long as treatment has not started. If any treatment (including exams or cleanings) have been performed or if 30 days from enrollment date have lapsed, no refund will be given. The member will be responsible for paying the remaining balance regardless of services rendered
- Services are based upon a plan year. The full membership dues are due on the date of enrollment and eligibility will begin at that time and remain active for 365 days. There are no waiting periods. Your membership will be automatically renewed at the end of each 365 day period if a 45 day notice is not received in writing to our office. The card used to pay for your membership plan the previous year will be used to renew your membership. If appointments are broken without 48 hours prior notice, a cancellation fee will apply.