

# ELFD Savings Plan Enrollment Form

## Member Information

<i>Name:</i>		<i>S.S.#:</i>
<i>Address:</i>		
<i>City:</i>	<i>State:</i>	<i>Zip:</i>
<i>Home phone:</i>	<i>Work phone:</i>	
<i>Cell phone:</i>	<i>Email address:</i>	
<i>Employer:</i>	<i>Driver License #:</i>	

## Dependent Information

<i>Name:</i>	<i>D.O.B.</i>
<i>Name:</i>	<i>D.O.B.</i>
<i>Name:</i>	<i>D.O.B.</i>
<i>Name:</i>	<i>D.O.B.</i>
<i>Name:</i>	<i>D.O.B.</i>

*I agree that I have read and understand the plan exclusions, limitations, and guidelines. I understand that the plan has a minimum 12 month enrollment period and will not renew automatically. I understand that I will not be refunded for any amount of the plan even if I do not take full advantage of all the benefits.*

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*Member Signature*

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*Date*

## *East Limestone Family Dental Savings Plan*

*At East Limestone Family Dental, we understand that not everyone has dental insurance. We want to make every effort to lighten your financial burden so that you and your family can receive treatment that can give you healthy, functional, and beautiful smiles. That's why we are proud to provide an in-house dental savings plan for our patients without insurance.*

*This in-house plan is not dental insurance, but it does provide you and your family with significant savings when you visit our practice. For a small yearly fee, you and any eligible family members on your plan will receive discounts at every visit.*

### *Benefits of ELFD Savings Plan*

*NO annual maximum*

*NO deductible*

*NO waiting period - this means you can start treatment right away!*

*NO preauthorization is required*

### *Annual Enrollment Fee*

*\$220 initial plan member*

*\$200 each additional family member*

### *Your Enrollment Entitles You to Receive*

*Adult or child cleaning (2 per year)*

*Examination (2 per year)*

*4 BW x-rays per year*

*Panoramic x-rays 50% off*

*15% off all other treatment and restorative services*

### *The Fine Print*

*This is a dental savings plan and is NOT dental insurance.*

*It cannot be combined with any other dental insurance.*

*It is only valid at East Limestone Family Dental for one year from the date effective.*

*Payment in full is due at the time of service.*

*Any service not paid for at the time of service will be billed at usual and customary fees.*

*Cannot use with any other discounts or financing including CareCredit.*

*Non-refundable*

*No refunds will be given if the patient chooses not to use their dental plan.*

*Plan is subject to change yearly.*

*Should there be dental treatment needed following any type of injury where a lawsuit and therefore outside medical, car, disability, or workman's comp type insurances are involved, this savings plan cannot be used.*

*Non-transferable*

*For dental services only. Products are not included.*