



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: \_\_\_\_\_

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Member Signature

Date

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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.



## **DENTAL SAVINGS PLAN AUTO-RENEWAL**

### AUTOMATIC PAYMENT DISCLOSURE

This form outlines your agreement with Neighborhood Dental, in which you authorize us to process electronic payments from the credit card, debit card, or bank account provided below. You will be automatically charged the annual Dental Savings Plan contract renewal fee on the start date listed below. Payments will continue annually until the end date has been satisfied or your contract has been cancelled at your request. You will receive renewal information 45 days prior to your renewal date. If there are changes to the fees, you will be notified at this time. If you wish to cancel your contract, you must provide a written notification (30) days before to your current term renewal date. Please provide Neighborhood Dental with a minimum 48 hour notice, should you need to edit a payment for any reason. If you are unable to fulfill the agreement, it will be your responsibility to contact Neighborhood Dental to discuss alternate payment options. You will not receive any further correspondence from Neighborhood Dental regarding these payments if your account remains in good standing. A receipt for payments completed will be available upon request.

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**Patient Name:**

**Last 4 digits of Card/Bank Account:**

**Renewal Start Date:**

**Plan Selected:**

**CHILD**

**SINGLE ADULT**

**DUAL**

**FAMILY**

**Patient Signature**  
**(Parent/Guardian if under age of 18):**

\*how many family  
members on plan:

**Date:**

**Card Holder/Bank Account**  
**Authorizing Signature:**

**Date:**



# Neighborhood Dental SAVINGS PROGRAM

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

## DENTAL BENEFITS INCLUDE:

- **Two Dental Prophylaxis/Cleanings** (Adult Prophy, Perio Maintenance, or Child Prophy)
- **Two Exams: Comprehensive** (new patient), **Periodic** (recare), **Limited** (emergency)
- **Annual Radiographs** (Bitewings; Full Mouth Series or Panoramic Radiograph if necessary)
- **Two Fluoride Treatments**

**\*\*\*ALL OTHER SERVICES OFFERED AT NEIGHBORHOOD 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**
  - **Additional 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.