

Healthy Savings Dental Plan Agreement

- **The 1-year Plan membership starts on the day your investment is paid in full.**
- **Membership will automatically renew one year from joining.**
- **The 1-year plan membership includes:**
 - 2 Periodic Exams
 - 1 Limited/Emergency Exam
 - 2 Adult or Child Prophylaxis (Cleanings)
 - 2 Oral Cancer Screenings
 - 2 Fluoride Applications (up to age 18)
 - All necessary radiographs
 - A 15% Discount on most dental services offered at Green Valley Dental.
- **Full payment of any dental treatment not covered by the dental plan, is due in full at the time of service.**
- **Dental services excluded from Green Valley Dental's Healthy Savings Dental Plan include:**
 - Invisalign
 - "All-on-4" or "New-Teeth-Today"
 - Any treatment referred to or completed at a dental office other than Green Valley Dental.
- **Dental products sold at Green Valley Dental are excluded from discount**
- **Membership Investment**
 - Individual = \$450
 - Two immediate family members = \$850
 - Three immediate family members = \$1165
 - Four immediate family members = \$1475
 - Each immediate family member added to four-member plan = \$315
 - Children under 3 years old = FREE
- **Other Advantages:**
 - No Deductible
 - No Yearly Maximum
 - No Waiting Period
 - No Pre-Determinations
 - No Pre-Existing Condition Limitations

"Immediate Family Member" classified as spouse, domestic/common law partner, or dependent child.

Registration

- Name _____
 - Age _____
 - Start Date _____
- Name _____
 - Age _____
 - Start Date _____
- Name _____
 - Age _____
 - Start Date _____
- Name _____
 - Age _____
 - Start Date _____
- Name _____
 - Age _____
 - Start Date _____
- Name _____
 - Age _____
 - Start Date _____

Total Membership Investment _____

Payment Method _____

I understand and agree to the following terms of the Healthy Savings Dental Plan...

Print Name

Signature **Date**