

Elsner Family Advantage Plan

What is the Elsner Family Advantage Plan?

The Elsner Family Advantage Plan is a membership-based dental savings plan that provides the quality care you deserve at a price you can afford. Members pay an annual fee to receive regular exams, cleanings and X-rays along with access to significantly reduced rates on all other restorative and cosmetic dental procedures performed in our office. Plus, the plan offers many benefits including no annual caps, no limits, and no waiting periods. This provides for quick access to the care you need!

The Elsner Family Advantage Plan helps to reduce overall dental costs for members. This ensures that they have access to top quality dental care when they need it. Thanks to the Elsner Family Advantage Plan, the quality care you deserve is now available at a bigger savings that you ever imagined possible.

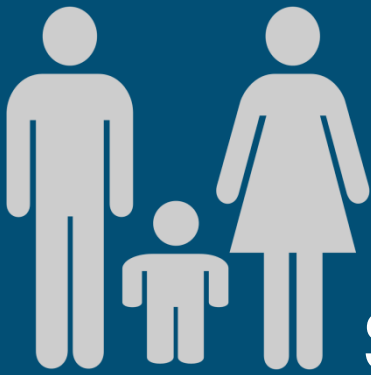
Benefits

- ◆◆ One time yearly fee
- ◆◆ No yearly maximums
- ◆◆ No deductibles
- ◆◆ No frequency stipulations
- ◆◆ No pre-authorization requirements
- ◆◆ No pre-existing condition limitations
- ◆◆ No one will be denied coverage
- ◆◆ No waiting periods (immediate eligibility)



Elsner Family Advantage Plan Includes

- ◆◆ 2 Exams
- ◆◆ 1 Emergency Care Visit (Exam & necessary x-rays)
- ◆◆ 2 Routine Cleanings
- ◆◆ Full mouth series of x-rays (1 every 5 years)
- ◆◆ Annual x-rays (cavity detecting x-rays)
- ◆◆ Periodontal Plan (includes above exams and x-rays)
- ◆◆ Free custom whitening for life when you maintain your recommended continuing care schedule and free from any restorative needs.
- ◆◆ 15% discount on all other dental treatment



Child*
\$300

Adult
\$350

Periodontal Plan**
\$555 / \$675

*Children's plan covers ages 12 and under and fluoride twice a year.
**Periodontal plan is based on stage of periodontal disease. \$555 plan covers 3 maintenance cleanings a year and \$675 plan covers 4 maintenance cleanings a year.

Elsner Family Advantage Plan

Responsible Party Information

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

E-mail Address: _____

Enrollee Information:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Pricing:

Children (ages 12 and under) - \$300/person TOTAL CHILDREN ENROLLING: _____

Adults (ages 13 and over) - \$350/person TOTAL ADULTS ENROLLING: _____

Perio Plan (3 maintenance visits) - \$555/person TOTAL ADULTS ENROLLING: _____

Perio Plan (4 maintenance visits) - \$675/person TOTAL ADULTS ENROLLING: _____

Payment Details:

Annual fee will be due at time of enrollment.

Payment Options:

Cash Check Credit Card

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.

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

Signature of Responsible Party: _____ Date: _____

FOR OFFICE USE ONLY: EFFECTIVE DATES: ___/___/___ TO ___/___/___ Membership Activated

Please return completed agreement and payment to:



Elsner Family Dentistry
16411 Southpark Drive, Ste. A
Westfield, IN 46074
(317) 896-1986

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 other discounts. This plan is only valid at this dental office. Care from other providers or specialists are not included. Plan fees are subject to change.
- If you are a current patient enrolling in the Elsner Family Advantage Plan, your account MUST have a ZERO balance.
- The plan is not retro-active and will become effective on the date of enrollment.
- It is the member's 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-transferable.
- 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 15% discount is void. If paying for treatment using Care Credit, the discount offered on treatment will be 5%.
- 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 has been performed or if the 30 days from enrollment 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 or first payment plus processing fees are due on the date of enrollment and eligibility will begin at that time remaining active for one year. Your membership can be renewed at the end of each plan year.
- If appointments are broken without 24 hours prior notice, a \$50 cancellation fee will apply.