Whole Dental Health Benefit Plan

Terms and Conditions

1. **Plan Commencement: Official enrollment begins on the day membership fees are paid.** Membership must be paid in full prior to the beginning of treatment.
2. **Term of Membership: Plan members agree to enrollment for twelve (12) months beginning with the day membership fees are paid.**
3. **Membership Benefits:** During each twelve (12) month term, the plan provides two (2) exams, two (2-4) professional cleanings**, all necessary diagnostic x-rays taken at the cleaning appointments, two (2) fluoride varnish treatments, an oral cancer screening, and the standard take home products for preventative care.

*Exams provided under the plan may include a problem-focused exam (0140), a full comprehensive exam (0150), or regular periodic exams (0120) administered at cleaning appointments.

****IMPORTANT NOTE:** *For patients who require more than two (2) hygiene visits per year, a 15% discount will apply to those appointments, or you may purchase the Adult Periodontal Membership for additional savings. All other dental services provided will receive a 15% discount off our standard fee schedule.*

4. **Non-covered items:** Specialized homecare products such as take-home fluoride gels or rinses, any bleaching products or services, prescribed medications, or electronic toothbrushes and accessories are sold individually and are not discounted under the plan.
5. **Scheduling of Hygiene Visits:** Because the hygiene schedule at Highland Smiles, PLLC can fill up very quickly, Whole Dental Health members are encouraged to pre-schedule their regular hygiene visits to ensure that they receive their provided benefit of two (2) hygiene visits per plan year.

IMPORTANT NOTE: *It is the responsibility of the members to ensure that they schedule their second hygiene visit prior to the expiration of their term. Should the member not return for the 2nd cleaning in their twelve (12) month enrollment period, no refund of the premium or extension of the plan's expiration date will be granted.*

6. **Covered Children:** Children are covered at the child rate up to age 14.
7. **Appointment Policies:** We require all appointments to be confirmed in advance via email, text, or by phone. Please reply to the confirmation attempt(s). Appointments not confirmed 24 hours in advance will be released to other patients.

IMPORTANT NOTE: *Our current policy states that if a member cancels an appointment with less than 48 hours' notice, or misses a confirmed appointment, then a fee of $50.00 will be charged. Emergencies do sometimes happen, and our office will work with you if an emergency arises.*

Primary Plan Member: Enrollment Begins:
Additional Family Members to be covered under the plan:

Choose: ❒ 1 Adult $476.00 ❒ Additional Adult $428.00 ❒ Adult Periodontal $1050.00

❒ 1st Child $392.00 ❒ Each Additional Child $353.00

TOTAL PREMIUM CHARGED: $ PLAN EXPIRATION DATE:

Signature of Responsible Party (PRINT NAME HERE) Date Signed