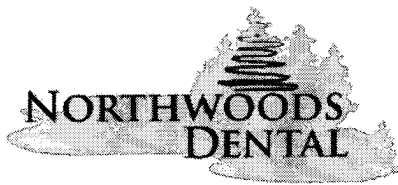


Northwoods Dental Advantage Plan Enrollment Form



The Northwoods Dental Advantage plan is an in-house, fee-for-service plan designed to provide greater access to affordable quality dental care. For a small fee, you and your family will enjoy substantial savings on dental care. Please review the Northwoods Dental Advantage Plan brochure for further information on cost savings and benefit details.

Plan includes: New patient or comprehensive examination, 2 periodic exams/yr, 1 full mouth set of xrays & panoramic xray/3-5 yrs, 1 set of bitewing xrays/yr and 2 basic cleanings/yr. Discounted rate on emergency exams, fluoride, sealants and periodontal maintenance. Additional services will be provided with a 15% discount.

Member	Yearly Rate
Individual	\$328
Couple	\$616
Child	\$283

APPLICANT INFORMATION (Please print clearly)					
LAST NAME		FIRST NAME		INITIAL	BIRTH DATE: _____/_____/_____
ADDRESS			PHONE #		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
CITY			STATE	ZIP	MARITAL STATUS
BILLING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE
DRIVER'S LICENSE #			STATE		

Once you enroll, your membership will be activated within 24 business hours.

By submitting your enrollment form, you acknowledge that you have read, understand and agree (on your own behalf and the behalf of your dependents) to adhere to the following terms and conditions:

- The Advantage Plan is honored only at Northwoods Dental.
- Patient's portion of the bill is due the day of service.
- No refund of premiums will be issued at any time.
- Family members must live in the same household.
- Adult membership begins at age 18.

The Advantage Plan is NOT a dental insurance plan and cannot be used in the following situations: in conjunction with another dental plan or dental insurance, for services/injuries covered under Worker's Compensation, or for dental care costs covered under automobile or medical insurance. By signing this form, I agree to all the above terms and conditions.

Name

Date

Signature

