



1601 East DeYoung Street  
 Marion, IL 62959  
 (618) 997-6405  
 www.settledentalgroup.com

**Name:** \_\_\_\_\_  
 Last First MI

**Address:** \_\_\_\_\_  
 Street  
 \_\_\_\_\_  
 City State Zip code

**DOB:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Phone:** Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

<b>Dependents:</b>	<b>Name</b>	<b>DOB</b>	<b>Relation</b>
	_____		
	_____		
	_____		
	_____		

**Enrollment Fee:** Effective Date: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

<b>Patient</b>	<b>Fee</b>	<b>Number</b>	<b>Total</b>
Member	\$350	X _____	\$ _____
Spouse/Domestic Partner	\$350	X _____	\$ _____
Dependents	\$300	X _____	\$ _____
			\$ _____

I, \_\_\_\_\_, do hereby understand the policies and limitations of the Settle Dental Group In-Office Discount Dental Plan. Furthermore, I understand the office policies of Settle Dental Group and agree to them.



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### **Plan Description**

Welcome to the Settle Dental Group In-Office Dental Discount Plan. This plan was developed especially for patients who do not have dental insurance or whose employer no longer provides it. As regular dental is integral part of your overall health, we have created this plan to support you and your efforts. We hope that you utilize this plan to improve and maintain the oral health for yourself and your family for years to come. Keep in mind that this plan is not dental insurance, but it has a number of great features that are very exciting.

- NO annual maximum benefit
- No waiting periods - Schedule your treatment today!
- No deductibles
- No claim forms or pre-authorizations
- No ID card necessary

### **Benefits Included**

- Two routine exams
- Two bitewing X-rays (children) and Four bitewing X-rays (adult)
- Two routine cleanings
- Two topical fluoride application for children up to age 16
- One emergency exam and X-ray
- All eligible dental treatment discounted when paid at full at the time of service.

### **Enrollment Fees**

Payment of enrollment fees initiates coverage. When paid in full, you become eligible for all covered services at a discount. Discounts are listed on the following page.

Single Members	\$350
Spouse/Domestic Partner	\$350
Dependents 25 & Under	\$300

### **How To Enroll**

- Complete the Enrollment Application
- Pay the enrollment fee in full to activate membership

### **Contact Us**

Please don't hesitate to contact us if you have any questions about enrollment, covered services, eligibility, or our office. For additional information, please call our office at (618) 997-6405 or visit our website at [www.settledentalgroup.com](http://www.settledentalgroup.com)

Please bring completed applications and enrollment fees to our office or mail to our address.



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## Policies and Exclusions

### Eligibility

- This plan is only good at Settle Dental Group.
- This in-office discounted plan is not dental insurance.
- To be an independent member, you must be 18 or older and a resident of the state of Illinois.
- Your eligible dependents include your spouse or domestic partner and your children through the age of 25.
- This plan cannot be combined with any other dental insurance.
- This plan cannot be combine with any other offers.
- If the patient has and elects to use dental insurance then insurance plan fees, payments, and deductibles will apply.
- All patients are subject to Settle Dental Group office policies

### Payments

- All payments are due **at the time of service** to receive the discount. Any services that are not paid in full at the time of service will be billed at our regular fees.
- Enrollment fees must be paid in full to receive discounts.
- All payments are **nonrefundable**.
- No refunds will be given if a member an/or spouse or children do not use the plan, relocate, or obtain dental insurance.
- 12-month term is effective from sign up date to renewal date.

### Exclusions

- Plans and fees are subject to change yearly.
- No discount will be offered for services requiring a referral to a specialist. Referral to a specialist is at discretion of the doctor.
- Should treatment be needed following an injury or 3rd party outside insurance is involved, the discount cannot be used.
- Treatment initiated prior to enrollment is not eligible for discount.
- Prostheses delivered or in-progress treatment completed more than 60 days after termination of coverage is not eligible for discount.
- Treatment fees are guaranteed for 3 months from the date quoted by the office.
- Settle Dental Group reserves the right to discontinue this plan for any member at any time.
- Two no-shows or cancellations without 24-hour notice can lead to you being dropped from this plan without a refund.
- If you choose to extend your payment for treatment by paying through Care Credit, the treatment discount is reduced to 15% due merchant fees.
- Dental products not included.



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## Discounts

### **General Services:**

Teeth Extraction	15%
Fillings	15%
Dentures	20%
Removable Partial	20%
Root Canals	20%

### **Cosmetic Dentistry:**

Crowns	20%
Bridges	20%
Veneers	20%