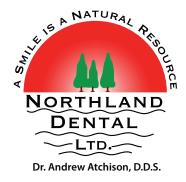
Northland Dental Advantage Plan Enrollment Form

When paying by check or Credit Card, please complete the section below.						
Please automatically charge my credit card the following yearly fee in the amount of						
\$ (Complete the credit card information and sign the Automatic Paymen						
Authorization below to activate this payment.						
☐ Check enclosed.						
CREDIT CARD ACCOUNT						
Credit card type: ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express						
Credit Card Number Security Code Expiration (Mth/Yr						
Cardholder Name						
Cardholder Signature						
Address						
City Zip Code						
AUTOMATIC PAYMENT AUTHORIZATION						
I authorize Northland Dental to initiate debit entries to my credit card account for my dental membership. I						
understand that this agreement will remain in effect until Northland Dental has received written notice from me						
that my membership be terminated. I agree to notify Northland Dental of any changes in my account						
information.						
Membership Holder's Name (Please Print) Date						
Membership Holder's Signature						

Northland Dental Advantage Plan Enrollment Form



The Northland 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 Northland Dental Advantage Plan brochure for further information on cost savings and benefit details.

Member	Yearly Rate		
Individual (18 & Older)	\$350		
Couple	\$625		
Child (4-17 yrs old)	\$300		
Child (3 yrs old)	FREE		

APPLICANT INFORMATION							
LAST NAME	FIRST NAME		INITAL		BIRTH DATE		
DDRESS		PHONE #			GENDER MALE FEMALE		
CITY		STATE		ZIP	MARTIAL STATUS		
BILLING ADDRESS (IF DIFFERENT)	CITY	STATE		ZIP	☐ MARRIED ☐ SINGLE		

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 condions:

- The Advantage Plan is honored only at Northland Dental.
- Patient's portion of the bill is due the day of service.
- No refund of premiums will be issued at any me.
- 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 cost covered under automobile or medical insurance.

Advantage Plan



Giving you another reason to smile!

It's time to "Take Advantage"
For a small fee, you and your family can enjoy substantial savings on dental care.

- No deductibles
- No annual maximums
- No pre-authorizations
- No exclusions for pre-existing conditions
 No waiting periods
 - All health conditions accepted
- Immediate eligibility 15% discount on ALL general & cosmetic services

Your Investment

	Annually
Individual (18 & Older)	\$350
Couple	\$625
Child (4 yrs-17 yrs old)	\$300
Child (3 yrs old)	FREE

Services You Recieve

	Regular Fee	Member Fee
New Patient/ Comp Exam	\$107	Included
Periodic Exam (Two/yr)	\$57	Included
Emergency	\$85	Included
Full Mouth X-Ray/PAN (One/3yrs)	\$142	Included
Bitewings (One set 4 BW/yr)	\$74	Included
Adult Cleaning (Two/yr)	\$105	Included
Child Cleaning (Two/yr)	\$72	Included
Fluoride	\$46	Included
Sealants (Per Tooth)	\$57	\$25
Periodontal Maintenance	\$146	\$124.10

How Do I Enroll?

It's simple, just follow these easy steps:

I. Call our office to request an application form,

OR

Download & complete the application on line at www.mynorthlanddental.com

- 2. Include credit card information for annual membership.
- 3. Mail the application to us along with your payment or drop it off at our office.

Enroll today!

Your membership will be activated within 24 business hours.

(Membership runs for the entire year)