



Dr. Jim Donley Dental Savings Plan Application

General, Family & Cosmetic Dentistry



When signed by you and Lumbertown Dental Wellness below, this Application outlines the terms of the Agreement under which you may participate in the Lumbertown Dental Wellness' Dental Savings Plan. The Plan costs are outlined below. Please see back page for all services included in the Plan and all services not included in the Plan. Please complete each item below completely.

FOR OFFICE USE ONLY
EFFECTIVE DATE: _____

Primary Plan Holder:

First Name: _____ Last Name: _____ Middle Initial: _____ Social Security #: _____ - -
Address: _____ City: _____ State: _____ Zip: _____
Contact Phone #: (____) _____ Email: _____ Birthdate: _____

Annual Membership Cost: \$337

Additional Family Members to be Covered:

Annual Cost Per Member 

Name: _____	*Dual Relationship: _____	Birthdate: _____	Add: \$317
Name: _____	**Child's Age: _____	Birthdate: _____	Add: \$ _____
Name: _____	**Child's Age: _____	Birthdate: _____	Add: \$ _____
Name: _____	**Child's Age: _____	Birthdate: _____	Add: \$ _____

*The Dual Plan is for husband/wife or domestic partners in the same household only.

The Child Plan's, are: a) Children Ages 1 - 14 — **\$247

b) Children 15 & Older — **\$317**

Ages are at time of enrollment or renewal.

Total Amount Due*: _____

*Annual fee is required at enrollment and must be paid before the first appointment is scheduled. It cannot be financed. Membership fees for Dental Savings Plan are NON-REFUNDABLE. Lumbertown Dental Wellness reserves the right to modify or discontinue the Dental Savings Plan at its company's discretion upon written notice from Lumbertown Dental Wellness prior to your anniversary date and which will take effect for the next year of your participation under the Plan.

Payment Method:

- Cash** IN-OFFICE ONLY — If paying cash, please return this application to our office in person. Do not mail cash payments.
- Check** Make checks payable to: **Lumbertown Dental Wellness** and enclose check with application.
- Credit Card #:** _____ **Exp. Date:** _____ **CVC:** _____
Name on Card: _____ VISA MasterCard Discover American Express
- Set my account listed above to Auto-Renewal Program Draft***

Auto-Renewal Program: Sign up now and save 5% off next year's premium!

*** I _____, authorize Lumbertown Dental Wellness to charge my credit card each year upon my anniversary date to automatically renew my enrollment in the Dental Savings Plan. Lumbertown Dental Wellness will notify me when the plan is renewed for my records. If I choose to discontinue participating in the Dental Savings Plan, I must notify Lumbertown Dental Wellness in writing. I recognize that I will forfeit my remaining membership fees for the remaining portion of that applicable year. I also acknowledge that Lumbertown Dental Wellness may terminate this Agreement and the services to me and all members included under this Agreement.

Please mail this completed application with appropriate payment (check or credit card information) to:

Lumbertown Dental Wellness • 166 M. Causeway • N. Muskegon, MI 49445

(231) 744-6661 • Fax (231) 744-2837 • LumbertownDental.com

Saving Lives
One Smile at a Time!



THIS AGREEMENT IS NOT HEALTH INSURANCE. NEITHER YOU NOR LUMBERTOWN DENTAL WELLNESS MAY NOT BILL ANY INSURER OR OTHER THIRD PARTY PAYOR FOR THE SERVICES INCLUDED UNDER THE PLAN. YOU MUST PAY FOR ANY SERVICES NOT INCLUDED UNDER THE PLAN AT LUMBERTOWN DENTAL WELLNESS FEE SCHEDULE RATES.

You may not assign this Agreement without the consent of Lumbertown Dental Wellness. All the terms and provisions of this Agreement shall be binding upon and shall be enforceable by the respective successors and assigns of the parties to this Agreement. This Agreement contains all the terms of the Agreement between the parties with respect to its subject matter and may be amended only by a writing signed by the parties. The unenforceability of any provision of this Agreement shall not affect the enforceability of the remaining provisions of this Agreement. In the event any provision of this Agreement is found to be invalid or unenforceable in any manner, that provision shall be deemed amended in as minimal a manner as possible so as to make the provision valid and enforceable. This Agreement may be signed in counterparts, including counterparts in an imaged format, each of which will be deemed an original.

Unless earlier terminated consistent with the terms of this Agreement, the initial term of this Agreement shall begin on the date of acceptance below, and continue for a period of one year (the "Initial Term"). If I elect the auto-renewal option above, then following the Initial Term, this Agreement will automatically renew for successive one-year renewal terms subject to termination as provided under this Agreement.

By signing below, I acknowledge that I have read the Dental Savings Plan brochure and understand the plan details, benefits and limitations. I also represent that I am the legal guardian of a member if the member is less than 18 years old.

Member Signature: _____

Date: _____

Accepted By: **Lumbertown Dental Wellness**

By: _____
James R Donley, DDS, Manager

Date: _____

Included in our basic plan:

- 1 Comprehensive Exam
- 1 Annual Exam
- 1 Emergency Exam (used any time during the year)
- 2 Cleanings (Non-Periodontal based)
- 2 Oral Cancer Screenings
- 2 Fluoride Treatments
- 4 Bitewing X-rays
- Any Individual X-rays needed throughout the year

Discounts under the Plan applied to Lumbertown Dental Wellness' Standard Schedule:

- 50% OFF Panoramic or Full Mouth Series of X-rays (one every five years)
- 15% OFF Additional Cleanings (per year)
- 15% OFF Dental Sealants
- 15% OFF Fillings and Core Buildups
- 15% OFF Routine Oral Surgery
- 15% OFF Root Canals
- 10% OFF Crowns
- 10% OFF Veneers
- 10% OFF Periodontics
- 15% OFF Braces
- 10% OFF Dentures & Partials
- 10% OFF Perio Protect
- \$350 OFF **mtm** clear-aligner (dual arch)***
- \$150 OFF **mtm** clear-aligner (one arch)***

***An mtm® clear-aligner member must remain a plan member for the duration of treatment to retain discount plan benefits.

Exclusions & Limitations of the Plan:

This program is a discount plan, not a dental insurance plan. It cannot be used:

- In conjunction with another dental plan, dental insurance or financing program such as CareCredit.
- For treatment which, in the sole opinion of our doctors, lies outside the realm of their capability.
- For referrals to specialists.
- For hospitalization or hospital charges of any kind.
- For costs of dental care which are covered under automobile medical.
- For services of injuries covered under workers' compensation.
- No refunds of premiums will be issued at any time if participant decides not to utilize dental plan.
- This plan is only honored at Lumbertown Dental Wellness. It cannot be used at any other dental office.