

We create a beautiful,
confident, & healthy
smile for everyone.

Modern

FAMILY DENTAL CARE

Taj M. Haynes DMD, PA

Concord Mills

8455 Pit Stop Ct. NW, Ste. 140
Concord, NC 28027
(704) 979-3436
Open: Monday – Friday

Davis Lake

8505 Davis Lake Parkway, Suite AB-3
Charlotte, NC 28269
(980) 498-1037
Open: Monday – Thursday

Northlake

8150 Mt Holly-Huntersville Rd
Charlotte, NC 28216
(704) 817-9547
Open: Monday – Friday

www.modernfamilydentalcare.com

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FAMILY DENTAL CARE

Budget Dental Plan



A Health Investment Plan
with Bonus Savings

Description

Our Budget Dental Plan is designed to help you save money through monthly budgeting for your annual dental care needs. This plan does not serve as insurance but can be combined with existing coverage to obtain extra benefits and discounts. Unlike insurance, all monthly payments can be used towards treatment needs.

Modern Family Dental Care is not a licensed insurer, health maintenance organization, or other underwriters of health services. This plan may not be combined with seasonal offers, discounts, or advertisements.

Advantages

- ✓ No membership fees
- ✓ Customized monthly contribution
- ✓ Predictable budget for dental care needs
- ✓ 100% of money is used for treatment
- ✓ Lowers risk for emergency dental bills
- ✓ Guaranteed benefits and discounts
- ✓ Guaranteed % match after 12 months
- ✓ Full benefits begins immediately

Terms and Conditions

- Budget plan enrollment is annual, and requires a specified monthly contribution for a minimum of 12 consecutive months.
- All monthly contributions are nonrefundable deposits towards in office dental care needs.
- Enrollment must align with active membership in our Wellness Savings Program for the same 12 consecutive months. Later enrollment on existing plans will allow a prorated amount to be used towards early membership renewal.
- Benefits and discounts are only available with active enrollment. If lapse in enrollment occurs, acquired discounts are voided and contributions subject to account reconciliation.
- Request to cancel annual enrollment is only eligible after 12 consecutive months.
- Must have a debit or credit card that expires later than 12 months past enrollment.

Eligibility

- Individuals who hold active membership in our Wellness Savings Program
- Individuals who hold active private insurance
- Spouses and children are eligible for discounts with separate enrollment and contributions

Enrollment Tiers

Wellness Savings Program Participant <input type="checkbox"/> *Discounts apply in addition to existing benefits
Silver Enrollment <ul style="list-style-type: none">• 1 free whitening kit• 0% contribution match
Gold <ul style="list-style-type: none">• 1 free whitening kit• 5% contribution match at 12 months• 5% off of hygiene products• 5% off of Invisalign, implants, and cosmetic smile designs
Platinum <ul style="list-style-type: none">• 1 free whitening kit• 10% contribution match at 12 months• 10% off of hygiene products• 10% off of Invisalign, implants, and cosmetic smile designs

Private Insurance Participant <input type="checkbox"/> * Discounts apply to estimated patient portion
Silver Enrollment <ul style="list-style-type: none">• 1 free whitening kit• \$5 off of fluoride treatments• 0% contribution match
Gold <ul style="list-style-type: none">• Silver benefits +• 5% contribution match at 12 months• 5% off of hygiene products
Platinum <ul style="list-style-type: none">• Silver benefits +• 10% contribution match at 12 months• 10% off of hygiene products

Contributions

Silver Enrollment \$25/month
Gold Enrollment \$50/month
Platinum Enrollment \$100+/month

Contribute today for enrollment, monthly additions will be made on the 7th or 21st of each month.

Responsible Party:

Name: _____
Date of Birth: _____
Email: _____
Phone: _____

Debit/CC Billing Info:

Cardholder: _____
Address: _____
City: _____
CC#: _____
Expiration Date: _____
CVV: _____

Valid Plan Dates:

Enrollment Date: _____
Expiration Date: _____

Wellness Savings Program early renewal
Prorate towards membership fees: _____
Balance due: _____

Signature: _____

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