HAZEL DELL
DENTAL CARE

Hazel Dell Dental Care In-Office Dental Plan is a membership-based program that lets you decide when to visit. Your membership fee entitles you to realize savings on a full range of services. And because Hazel Dell Dental Care is not insurance, you are not paying monthly premiums for services you may or may not use.

Who Is Eligible?

You are. Once you pay the membership fee, you're in. That's it. No waiting period, no claim forms to fill out, and no deductibles to worry about.

$299 Individual (annually)

$499 Individual + Spouse

$199 Each additional family member

Our patient-loyalty benefit will save you money on preventative care and beyond! Relax — you have one of Washington's best dental plans at your service.

HAZEL DELL
DENTAL CARE

HazelDellDental.com

360.693.2592

6202 NE Hwy 99, Ste 5
Vancouver, WA 98665

HAZEL DELL
DENTAL CARE

In-Office Dental Plan

HazelDellDental.com

Hazel Dell Dental Care is pleased to offer an in-office dental plan for our patients that do not currently have dental coverage. This plan allows our patients to receive optimal dental care while regularly maintaining their oral health.

The path to membership is short and easy

1. **Complete** an enrollment application and return to the practice.
2. **Your membership** is valid as soon as you sign up.
3. **Visit our practice** to start treatment and start saving.

Plan Benefits

Preventative care

- Basic cleanings (2 per year)
- Comprehensive exam (1 per year)
- Fluoride treatments (2 per year)
- Emergency exam (1 per year)
- X-rays, initial FMX, and bitewings

Other procedure costs

15% off regular fees for routine general dentistry

Standard office policies apply for missed & late appointments

For a complete list of all discounted fees included in this plan, contact us at 360.693.2592.

Enroll today

Complete the form or visit HazelDellDental.com

Name _____

Address _____

City _____ ZIP _____

State _____ Ph. # _____

Dependent Name _____

DOB _____ Relationship _____ ☐ M ☐ F

Dependent Name _____

DOB _____ Relationship _____ ☐ M ☐ F

Dependent Name _____

DOB _____ Relationship _____ ☐ M ☐ F

Payment options

Please check one option

☐ $299 Individual (annually)
☐ $499 Individual + Spouse (annually)
☐ $199 for each additional family member

Method of payment

Bill my credit card – check one

☐ Visa ☐ Mastercard ☐ Cash ☐ Check

Name on card _____

Account # _____

Expiration Date _____ CVC _____

Authorization

I understand the plan description of service and membership agreement will be provided prior to enrollment upon request. I agree that you will bill my credit card account automatically to renew my membership each year. I understand that I may cancel my membership at any time.

Signature _____

Date _____