

Dental services you may need with savings guaranteed.

\$109

INDIVIDUAL

per
year

+ \$55

**ADDITIONAL
MEMBERS**

per
person

How It Works

Whether you need a membership just for you,
or your entire family, **we've got options.**



Sign up online at:
alliancedentalplan.com



Sign up over the phone:
(877) 545-4188



Sign up via mail:

**Alliance Dental Plan
PO Box 163990
Austin, TX 78716-3990**

Provide enrollment application with payment
(checks must be payable to Membrosy) to your
participating dental office for submission to
Alliance Dental Plan.

Alliance Dental Plan

Alliance Dental Plan is NOT INSURANCE. Plan members pay periodic membership fees in exchange for access to discounts on certain identified dental services rendered by participating providers in accordance with the plan fee schedule.

Plan members are obligated to pay dental providers directly for services rendered. Plan details, retail fees and member savings may vary by plan, provider and/or dental office location, please see specific plan terms and conditions for details. Dental membership plans are not qualified health plans under the Affordable Care Act, and do not meet the minimum creditable coverage requirements under M.G.L.c. 111M and 956 CMR 5.00. Plan administered by Membrosy LLC, a discount medical plan operator: P.O. Box 163990, Austin, TX 78716-3990. Plan is not affiliated with or endorsed by any state insurance department. To obtain additional information, please call (877) 545-4188 or email hello@membrosy.com.

powered by

membrosy



ALLIANCE
DENTAL PLAN

Membership
starts at just

\$109

(see inside for details)

Discounts worth smiling about.

Members can instantly
SAVE UP TO 25% ON
their dental care services.

alliancedentalplan.com

ALDP-BRO 7.23v1

Enjoy quality dentistry at a fraction of the cost.

We provide a membership experience that is completely different from traditional insurance. **Enjoy exclusive savings at 20+ participating dental offices across Georgia and South Carolina.** All members receive various perks and members-only exclusives - all starting on day one. What are you waiting for? **Start saving today!**

What You Get

In addition to incredible member discounts and perks, you'll receive:



INSTANT ENROLLMENT

Enroll online, in-office, or by phone in 2 minutes, and start saving right away.



NO WAITING PERIODS

No more annoying waiting - Join today for immediate savings.



NO CLAIMS PROCESS

All discounts are built-in, so say goodbye to all that pesky paperwork.



PAY LESS, GET MORE

Make your budget go even further by never paying a deductible again.



HASSLE FREE

Get all of your questions answered by a dedicated support team.



Enroll, Save & Smile

Your participating office is committed to offering quality, affordable dental care for you and your entire family through a flexible alternative to dental insurance - the **Alliance Dental Plan.**



Learn More:
alliancedentalplan.com

Instant Savings On:

- Exams
- X-Rays
- Cleanings
- Fillings
- Extractions
- Root Canals
- Crowns
- Bridges
- Dentures
- Sealants
- Orthodontics
- Periodontics

ALLIANCE DENTAL PLAN ENROLLMENT FORM

To enroll by mail, please send completed form along with an accepted form of payment (Check, Money Order or Credit/Debit). You will receive a welcome and payment receipt email when your application has been processed.

ADDRESS TO:
ALLIANCE DENTAL PLAN
PO Box 163990
Austin, TX 78716-3990

PRIMARY MEMBER | \$109.00 per year (Please Print)

Participating Dental Office		
Primary First Name		
Primary Last Name		
Date of Birth	Phone Number	
Email		
Mailing Address		
City	State	Zip
Subscription Type ALLIANCE DENTAL PLAN		

ADD DEPENDENTS | \$55.00 per person per year

Full Name	Date of Birth
Full Name	Date of Birth
Full Name	Date of Birth
Full Name	Date of Birth

PAYMENT METHOD

☐ Check or Money Order (*make payable to ALLIANCE DENTAL PLAN*)
☐ Credit/Debit
Card # _____
Expiration Date ____/____ CVC # _____

ANNUAL MEMBERSHIP COST

☐ Individual: 1-Year Membership \$109.00 annually
☐ Additional Member(s) \$55.00 each annually

PLAN TOTAL: \$ _____

Authorization Signature

Date

By signing above and providing your payment information, you are authorizing Members to bill you for Membership Fees for the initial term and any renewal term(s) at the plan level rate that you have selected.

It's time to rethink your dental care.