

About Our Dental Savings Membership

The South Holland Dentistry Savings Membership is designed to provide affordability and greater access to quality dental care. Your benefits are available only at South Holland Dentistry.

With your Membership there are:

- ✓ No yearly maximums
- ✓ No deductibles
- ✓ No claim forms
- ✓ No pre-authorization requirements
- ✓ No pre-existing condition limitations
- ✓ Immediate eligibility (no waiting periods)
- ✓ Free consultations

This program is a discount membership, not a dental insurance membership, and is secondary to any other dental membership. It cannot be used:

- ▶ In conjunction with another dental membership
- ▶ For services for injuries covered under workman's compensation
- ▶ For treatment which, in sole opinion of the treating dentist or doctor, 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 is covered under automobile medical

About South Holland Dentistry

At South Holland Dentistry, our commitment is to treat you as a guest in our home, so you can feel at ease in our care. We strive to provide excellent dental care in a friendly environment to the families of South Holland, IL, because every healthy body needs a healthy mouth.

With leading-edge dental technologies and amenities designed around your comfort and convenience, our goal is to help you achieve and maintain a healthy, attractive smile. We look forward to getting to know you and developing a treatment plan that's tailored to your individual needs and goals.

About Dr. Silva

Dr. Rosa Galvan-Silva graduated from the University of San Luis Potosí (UASLP) in Mexico with a Doctor of Dental Surgery (DDS) degree. She completed her National Board Certification and obtained her Illinois Dental License in 1983.

Dr. Silva is the member of the American Dental Association, the Chicago Dental Society, the Illinois Dental Society, the American Academy of Implant Dentistry, the Academy of Gp Orthodontics, and the American Academy of Dental Aesthetics. She is also Invisalign, Lumineer, and Laser Dentistry certified.

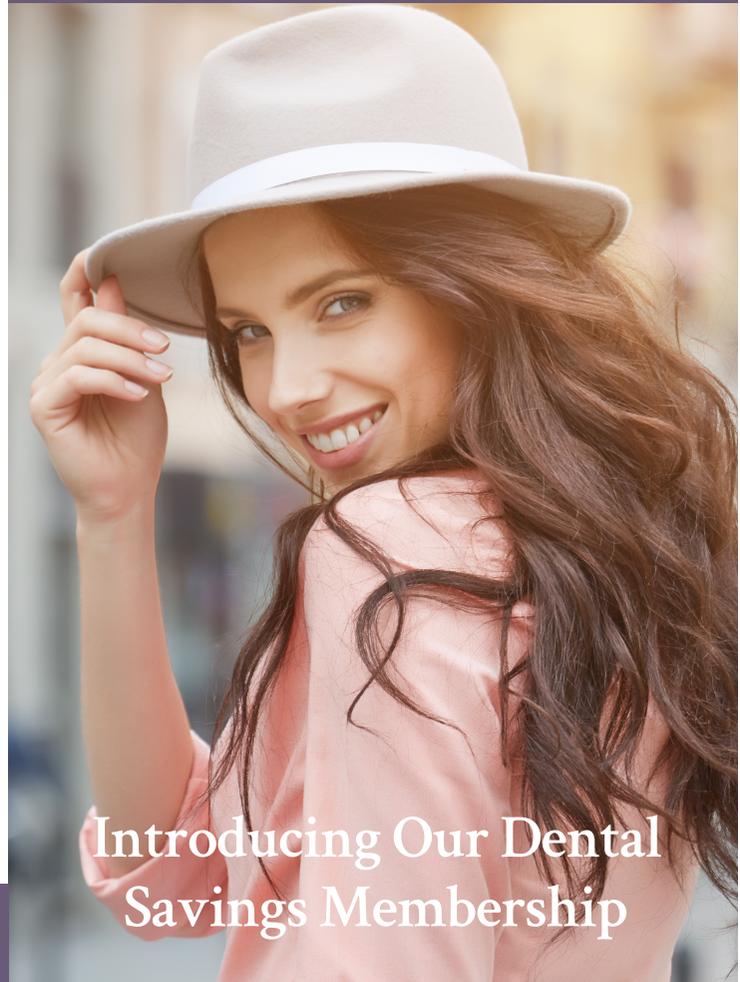
Dr. Silva is passionate about aesthetics and beauty. She aims to provide her patients with the best possible service in family and cosmetic dentistry and facial rejuvenation procedures. She is certified by the International Academy of Facial Esthetics on Botulinum toxin and facial dermal fillers. Her certifications also include VDL (Vermillion Dollar Lips), Professional Lip and Oral Facial Organization, Laser and Minimally Invasive Cosmetic Procedures by VDL, and Advanced Oral and Facial Techniques.

Dr. Silva is married and has two beautiful daughters. In her free time she enjoys spending time with her family, painting, and sculpting.

southholland.dental



705 East 162nd Street
South Holland, IL 60473
708-225-1200



Introducing Our Dental
Savings Membership

Benefit Premium

Membership

Total Annual Cost

Single	\$244.00
Dual*	\$452.00
Family (3)**	\$649.00
Family (4) \$846.00+	\$132 each additional member

* The Dual Membership is for Parent/Child or Husband/Wife only

** The Family Membership includes family members and children who are enrolled full-time in college until the age of 23, or children who are not enrolled full-time in college until the age of 18



Your family's healthy smile is our #1 priority.

Covered Procedures:

Diagnostic & X-rays

Comprehensive Exam (new patients, initial visit)	100%
Periodic Exam (1 per year) (child under age of 18 2 per year)	100%
Limited Oral Exam Problem focused (1 per year)	100%
Complete Series or Panorex (1 every 3 years)	100%
Periapical, First Film	100%
Periapical, Additional Film	100%
Bitewings (1 time per year) Preventive	100%
Child Prophylaxis (cleaning) (2 per year)	100%
Adult Prophylaxis (cleaning) or Periodontal Maintenance (2 per year)	100%
Additional cleanings per year	20%
Fluoride (2 per year, no age limit, no copay)	100%
Sealants	20%

All Other Procedures

Bleaching	\$325
Fillings & Build-ups	20%
Crowns****	15%
Veneers	15%
Braces (Adults Only)	10%
Periodontics	15%
Dentures and Partials ****	15%
Oral Surgery	20%
Root Canals	20%
Periodontal (Deep) Cleanings Evaluation by the dentist and medical doctor needs to be done prior to services. Cost may be outside our dental membership. Medical insurance may cover aspects of these services (screening, sleep studies, OAT's, follow up studies, supplies, etc.)	15%
Specialty Services	15%

*** For Orthodontics, member must remain a membership member for the duration of treatment to retain discount treatment benefits.

**** Senior Citizen discount, additional 5% off select items

Program Guidelines

- ▶ Cannot be used in conjunction with another dental membership
- ▶ NON-REFUNDABLE
- ▶ No refunds or premiums will be issued at any time if participant decides not to utilize dental membership
- ▶ Patient's portion of any bill is due on the same day as service
- ▶ There is a 5% auto-renewal discount
- ▶ The membership is in effect once the premiums have been paid

How to Sign Up

Please ask one of our friendly front desk team members for an application.



Bringing you better care through greater options.

About our Dental Savings Plan

The South Holland Dental Assistance Savings Plan is designed to provide affordability and greater access to quality dental care. Your benefits are available only at South Holland Dentistry, 705 East 162nd Street, South Holland, IL.

With your Dental Assistance Savings Plan there are:

- ▶ No yearly maximums
- ▶ No deductibles
- ▶ No claim forms
- ▶ No pre-authorization requirements
- ▶ No pre-existing condition limitations
- ▶ Immediate eligibility (no waiting periods)
- ▶ Free consultations

Benefit Premium

Plan	Total Annual Cost
Single	\$244.00
Dual*	\$452.00
Family (3)**	\$649.00
Family (4)	\$846.00 + \$132 each additional member

* The Dual Plan is for Parent/Child or Married Couple only

** The Family Plan includes family members and children who are enrolled full-time in college until the age of 23, or children who are not enrolled full-time in college until the age of 18

This program is a discount plan, not a dental insurance plan, and is secondary to any other dental plan. It cannot be used:

- ▶ In conjunction with another dental plan
- ▶ For services for injuries covered under workman's compensation
- ▶ For treatment which, in sole opinion of the treating dentist or doctor, 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 is covered under automobile medical

Program Guidelines

- ▶ Cannot be used in conjunction with another dental plan
- ▶ NON-REFUNDABLE
- ▶ No refunds or premiums will be issued at any time if participant decides not to utilize dental plan
- ▶ Patient's portion of any bill is due on the same day as service
- ▶ There is a 5% auto-renewal discount
- ▶ The plan is in effect once the premiums have been paid



Our Savings Plan Coverage Table

Diagnostic & X-rays

Comprehensive Exam (new patients, initial visit)	100%
Periodic Exam (1 per year) (child under age of 18, 2 per year)	100%
Limited Oral Exam problem focused (1 per year)	100%
Complete Series or Panorex (1 every 3 years)	100%
Periapical, First Film	100%
Periapical, Additional Film	100%
Bitewings (1 time per year)	100%

Preventive

Child Prophylaxis (cleaning) (2 per year)	100%
Adult Prophylaxis (cleaning) or Periodontal Maintenance (2 per year)	100%
Additional cleanings per year	20%
Fluoride (2 per year, no age limit, no copay)	100%
Sealants	20%

All Other Procedures

Bleaching	\$325
Fillings & Build-ups	20%
Crowns****	15%
Veneers	15%
Braces (Adults Only)	10%
Periodontics	15%
Dentures and Partials****	15%
Oral Surgery	20%
Root Canals	20%
Periodontal (Deep) Cleanings	15%
Specialty Services	15%

*** For Orthodontics member must remain a plan member for the duration of treatment to retain discount plan benefits

**** Senior Citizen discount, additional 5% off select items

If you would like to apply for the South Holland Dental Assistance Savings Plan, please fill out the following application form and turn it into our office.



Our Savings Plan Application Form

Your Profile

Name	
Mailing Address	
Street Address (if different from above)	
Home Phone	Work Phone
Email Address	Cell Phone
Driver License Number & State of Issue	Date of Birth

Your Spouse's Profile

Name	
Mailing Address	
Street Address (if different from above)	
Home Phone	Work Phone
Email Address	Cell Phone
Driver License Number & State of Issue	Date of Birth

Your Children

Name	Age
Member Signature	Date



Our Savings Plan Application Form

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

South Holland Dentistry
ATTN: Dental Assistance Savings Plan Coordinator
705 East 162nd Street
South Holland, IL 60473

Make checks payable to South Holland Dentistry.

Credit Card Number	Expiration Date
Authorized Signature	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard

I, _____, authorize South Holland Dentistry to charge my credit card each year upon my anniversary date to automatically renew my enrollment in the discount plan. South Holland Dentistry will notify me when the plan is renewed for my records. If I choose to discontinue participating in the discount plan, I will notify South Holland Dentistry one month prior to my anniversary renewal date.

By signing below, I acknowledge that I have read the brochure and understand the plan details and limitations.

Signature _____ Date _____

(Signature of plan holder)

* Annual fee is required at enrollment and cannot be financed. South Holland Dentistry reserves the right to modify, change or discontinue the South Holland Dental Savings Plan, fees, terms and services at the company's option upon written notice from South Holland Dentistry prior to your anniversary renewal date.

