

# Membership Savings Plan

Get all the benefits of dental insurance without the headaches of dental insurance!

No benefit maximums 🦷 No deductibles 🦷 No waiting periods 🦷 No pre-existing condition exclusions

---

Your membership includes the following each year:

- Two** healthy mouth cleanings
- Unlimited exams**
- Routine X-rays annually with exam, *(and emergency X-rays when necessary)*
- Annual oral cancer screening

Your membership also gives you exclusive discounts on other services:

- 10% discount** on all restorative work
- 5% discount** on Invisalign Clear Braces and any orthodontic services

## Choose Your Payment Option:

- Monthly:**
  - \$99 One-time Activation Fee due at time of sign up
  - \$21 / month
- Annually:**
  - \$249 one time payment
  - ~~\$99 Activation Fee~~ *(waived)*

## Terms of Agreement

### Explanation of Charges and Conditions of Benefits

Your benefits run for one full year from the date this document is signed, must be used in that time period, and are non-transferable to any other party. Unused services expire at the end of the term and cannot be rolled over.

By signing below, you are acknowledging that you are aware the benefits of this membership cannot be combined with insurance or any other discount plans or offers, and that this membership is not an insurance plan. Your membership is non-refundable at the point any services have been rendered. All benefits you are entitled to are expressed in the above list and no other benefits have been promised or implied at any point. Discount services extend only to services offered within this office, are at the doctor's discretion, and do not extend to any procedure referred to a specialist. The discounted rate is based on the office's "Usual and Customary Rate" (UCR) for a specific procedure, which is subject to change.

### Early Termination Notice

To ensure your benefits, the membership plan will automatically renew for the next 12 months until cancelled. *If the Dental Membership Savings Plan is cancelled during the term of agreement, any discounts previously given, or benefits received, during that term will be removed and the outstanding balance will be due immediately.*

If Membership Plan cancellation results in a balance being due on your account, the full balance will be run on the payment method associated with your Membership Plan.

All fees for dental services are due at the time of service. Fees for prosthodontic (dentures) and indirect restorations (crowns, bridges, veneers, inlays, on-lays) are due on the preparation/impression appointment.

\_\_\_\_\_  
Initials

### Automatic Payment Authorization

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the practice in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. The billing date will be on the same day each month, starting one month from the initiation of this agreement. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that the practice may, at its discretion, attempt to process the charge again within 30 days, and agree to an additional \$20 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

\_\_\_\_\_  
Initials

**Membership Inclusions and Discounts:**

Unlimited Exams (D0150 or D0120) each year from the date of activation (signed and paid).

Two healthy mouth cleanings (D1110 or D4910) each year from the date of activation.

All necessary X-rays (D0272, D0273, D0274, D0330).

One oral cancer screening annually

10% discount on all other restorative

5% discount on Invisalign clear braces

---

Patient Signature

---

Date