



In-House Dental Plan

We are pleased to offer an in-house dental membership plan to help our patients with regular preventative care and procedures. With this plan members will pre-pay for their preventative care at a significant discount and receive a guaranteed discount on all restorative dental work.

This is NOT a dental insurance. Enrolling in our In-House Membership plan gives you the opportunity to receive your dental treatment exclusively at our practice. It cannot be combined with dental insurance or other reduced fee dental plans.

Plan benefits:

- Preventative Maintenance and Care
- Discounted Dental Fees
- NO Deductibles
- NO Claims to Submit
- NO Waiting for estimates
- NO Waiting Periods
- NO Annual maximums
- NO Surprise out of pocket costs
- NO Exclusions for lost or missing teeth

<i>Annual Membership Dues</i>	<i>Included in the Plan</i>
1 st Child ~ \$350 Each Additional Child in same family~ \$225 Paid in full and good for 12mths from date of agreement.	All standard PREVENTATIVE care for the year- Exams (3), Cleanings (2), X-Rays, Fluoride (2) 20% off on all Basic and Major services

Terms and limitations of the plan

Annual fee due in full up front

The effective date of this plan is the day you sign the agreement, and the automatic renewal date is 1 year after the agreement date.

This plan is **non-transferrable**. Family members cannot be substitutes for another family member.

This plan and associated discounts do not apply to specialists we may refer you to.

Rates are subject to change annually.

Payments due at time of service.

Payments for services are due at time of service. If you need to extend payment for treatment by paying through CareCredit the discount is reduced by 10% due to merchant fees.

If you need to be set up on a payment plan for treatment the discount is reduced by 10% for convenience fees. (Must be arranged with the office manager)

It is **non-refundable**-no refunds given if patient does not use their dental plan.

I have read and understand the above agreement. My signature is my acknowledgment to enter the annual contract for the services state above starting today and to renew annually. Cancellations require a written consent.

This contract is for Patient Name: _____

Signature,

Printed Name, _____ Date, _____

Relationship to patient, _____