



## Membership Plan Contract

The following are included in the Village Dental Membership Plan:

- Two (2) periodic dental exams (or 1 comprehensive and 1 periodic exam)
- One (1) limited emergency exam
- Two (2) prophylactic or periodontal maintenance cleanings
- One (1) Fluoride Varnish treatment
- Annual oral cancer screening using Oral ID technology
- All diagnostic X-rays
- 20% savings on dental treatment procedures
- \$500 savings on Invisalign

The following limitations to the Village Dental Membership Plan apply:

- Membership savings are only available in at Village Dental.
- Members cannot be subsequently enrolled in a dental insurance plan.
- Membership savings cannot be combined with any other offer or courtesy.
- Products (toothpaste, bleach, etc.) are not eligible for savings.
- When using third party financing (CareCredit or Sunbit), savings will decrease to 15%.
- Membership(s) will be active for 12 months from the enrollment date, are non-transferable, and are non-refundable. Services must be rendered within this timeframe to qualify for benefits.

Membership Fee: \$430/Additional family members Fee: \$380 (spouse/dependents to age 26)

### MEMBER INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MEMBERSHIP: Individual/Family TOTAL MEMBERSHIPS: \_\_\_\_\_ TOTAL FEE: \_\_\_\_\_

ENROLLED FAMILY MEMBERS: \_\_\_\_\_

PLAN START DATE: \_\_\_\_\_ PLAN EXPIRATION DATE: \_\_\_\_\_ PMT METHOD: Cash/Check/Card

By signing below, I understand and agree to the above listed pricing, limitations, and requirements of the Village Dental Membership Plan. I understand that this is NOT an insurance plan. The membership is a 12 month contract and services must be rendered before the expiration date to be eligible.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_