Membership Plan Contract

The following are <u>included</u> 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
- All diagnostic X-rays
- 20% savings off ALL dental procedures

The following <u>limitations</u> to the Village Dental Membership Plan will apply:

- Membership savings are only available in our office.
- Members cannot be 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 Care Credit third party financing, savings will decrease to 15%.
- Memberships are active for 12 months, are non-transferrable, and non-refundable.

Membership Fee: $379/member; $329/additional family members (spouse/dependents to age 26)

<u>MEMBER INFORMATION</u>

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: _____