

## In-House Membership Plan

### Coverage Includes

- New Patient/Comprehensive Exam
- Periodic Exams (two per year)
- Emergency Exam (one per year)
- Cleanings (two per year)
- Perio Maintenance (three per year)
- FMX (1 every 5 years)
- Panoramic X-ray (1 every 5 years)
- Bitewing X-ray (1 set per year)
- Periapical X-ray (1st film & 2 additional per year)
- Fluoride (2 per year)
- 15% Discount on Dental Procedures

### Plan Benefits

- No Preauthorization Required
- No Annual Limits or Deductibles
- No Waiting Periods or Pre-Existing Exclusions

### Membership Dues

- Child Patient **\$504 or \$42 a month on autopay**
- Adult Patient **\$600 or \$50 a month on autopay**
- Perio Patient **\$708 or \$59 a month on autopay**

### Terms and Limitations of the Plan

- Effective date is the date signed up and renewal date is 1 year from said sign-up date.
- This is a dental discount plan and not dental insurance. It cannot be combined with any dental insurance or other offers.
- This plan is only good at Patalzick Family Dental. Therefore, if you are referred to a specialist, they will not offer this discount.
- Rates are subject to change annually.
- Should there be any dental treatment needed following any type of injury where a lawsuit and therefore outside medical, care, or workman's comp type insurances are involved, this discount plan cannot be used.
- This plan is non-transferable. Family members cannot be substituted in for another.
- **This plan is non-refundable. No refunds are given if patient chooses not to use their benefits.**
- Payments for services not covered at 100% are due at the time of service. If patient chooses to extend payment through Care Credit then discount is reduced to 5% due to merchant fees.
- A fee will be incurred for each broken appointment without a 48 hour advanced notice. \$45 for cleanings and 25% cost of treatment for other services.
- Discount applies to services, not products.

I have read the above terms and conditions and agree to their content. I understand that by signing I agree to the terms and conditions of the membership contract.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

MEMBERSHIP

12 MONTHS