

# **Membership Plan**

Love your smile for under a dollar a day! Our Dental Benefits Membership Plan is an annual reduced fee dental plan that allows individuals and families to receive the quality dental care Dr. Leslie is known for. It is designed to provide affordability and greater access to care.

No Annual Maximums
 No Deductibles
 No Claim Forms

•No Pre-Authorization Requirements
•No Pre-Existing Limitations
•No Waiting Periods

#### **DENTAL BENEFITS MEMBERSHIP ANNUAL RATES:**

Ages 0-1::\$270 Ages 2-4:\$310 Ages 5-12: \$390 Ages 13-18: \$450 Adult: \$575

## WHAT IS INCLUDED IN MEMBERSHIP?

- 2 Regular Exams
- 1 Limited Problem Focused Exam
- All the X-rays Dr. Leslie requests during prophy/cleaning appointments
- Preventive Care Visits (cleanings) Healthy Gums (2 FREE per year) (patients with periodontal disease will be referred to a specialist)
- Fluoride Treatments (2 FREE per year)

## **DISCOUNTS (%OFF) ON PRODUCTS AND SERVICES:**

- Dental Products 10%
- Fillings 15%
- Sealants 15%
- Silver Diamine Fluoride Application 15%
- Space Maintainers 15%
- Oral Surgery 15%
- Pulpotomies or other endo procedure 15%
- SSC or other pedo crowns 15%
- Crowns, Bridges, Implants 15%

### **PROGRAM EXCLUSIONS & LIMITATIONS:**

This is a savings plan, NOT a dental insurance plan, and is secondary to any other dental plan.

It cannot be used with another dental plan or insurance. It cannot be used for injuries covered under workman's compensation. It cannot be used for referrals to specialists or hospitalizations/hospital charges of any kind. It cannot be used for dental costs that is covered under automobile medical. It cannot be use with any other coupons or discounts of any kind.

## **TERMS:**

- Once the annual membership fee is paid, you will be entitled to the Dental Benefit Membership Plan for the following 12 consecutive months
- It is the **sole responsibility of the member** to maximize their benefits by scheduling all appropriate appointments within the 12 month period

<ul> <li>If appointments are left unused, the member will not be entitled to a refund.</li> <li>Renewal payment is due at the beginning of the same month each year.</li> <li>You must remain a plan member for the duration of the treatment to retain savings plan benefits.</li> <li>Non refundable or transferable. Discounts under membership do not apply to any treatment prior to joining</li> <li>No payment plans - patient's portion is due at time of treatment.</li> <li>Care Credit can be used but the patient is responsible for the convenience fee associated with it's use.</li> <li>Membership Fees are nonrefundable</li> </ul>
I have read the above and agree to all terms, limitations and exclusions.
Patient Name :
Parent/Guardian Signature:
Date: