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PDS EXPRESS

Pediatric Dental Specialists Exclusive Dental Membership Plan

In an effort to help families in our community maintain optimal dental health, Pediatric Dental Specialists has created a way for those without dental insurance to receive exceptional dental care in our office. We recognize that obtaining dental care for your family without group insurance can be intimidating. We wanted to remove this barrier by offering to our new and existing patients a **Dental Membership Plan**. Enrollment in our exclusive membership allows a significant savings to you while providing optimal dental care for your children. This is not an insurance policy, but rather a plan entitling the recipient to discounts off our standard office fees. Membership is easy and there are no waiting periods, no annual limits, no deductibles, and no insurance hassles.

Annual membership entitles each child to receive the following care:

2 Examinations performed by a dentist (includes new patient exam, semi-annual exam)

2 Professional dental cleanings by a licensed Registered Dental Hygienist

2 Oral cancer screenings

2 Fluoride varnish applications

Any necessary radiographs as determined by growth and development, risk factors, and history

Oral hygiene instructions and cavity prevention tips

20% discount on sealants and restorative treatment

20% discount on nitrous oxide and moderate sedation

\$500 credit towards orthodontic treatment with Pediatric Dental Specialists' orthodontist

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Exclusive Dental Membership

Exclusions and Provisions

Enrollee name: _____ Enrollee DOB: _____

Financially responsible party: _____

Annual Fee (under age 14) \$380 _____ Activation Date: _____

Annual Fee (14 yrs and older) \$420 _____ Renewal Date: _____

_____ Membership fees are due in full at the time of the enrollee's first exam. Plan fees cover the enrollee for 12 months. Coverage begins on the activation date of the membership.

_____ If you change your mind during the first 30 days you may cancel your membership and pay all the regular fees for all services provided since joining the plan. After 30 days the fees are non-refundable.

_____ Membership renews every 12 months. If the plan is not renewed on the enrollee's anniversary, additional administrative fees may be applied. The financially responsible party will be responsible for renewing the plan annually.

_____ This is not a dental insurance plan. This is a care plan provided by Pediatric Dental Specialists and is only good for care provided at our current office or future office locations. It cannot be used in conjunction with dental insurance or other dental discount plans.

_____ There are no benefits payable to the enrollees and there is no cash value for an existing policy.

_____ There is no transfer of unused benefits from plan year to plan year or from enrollee to enrollee. Any unused benefits are forfeited upon the enrollee's renewal date.

_____ Discounted rates may not be used in conjunction with any other offers or promotions.

_____ Discounts are not extended on treatment that is referred to another office for completion.

_____ Under this membership, payment for dental treatment is expected in full at the time services are rendered. Payments will not be extended past the date care is rendered. If the financially responsible party does not provide full payment prior to, or at the time of service being rendered, Pediatric Dental Specialists reserves the right to eliminate all discounts for those services. Plan holders are expected to maintain a zero balance at all times to receive the full benefit of the dental membership.

_____ Dental Membership fees and discounts are subject to change at any time.

_____ Fees quoted for discounted treatment are good for 30 days. Treatment not completed within 30 days needs to be reviewed for any changes to the office fees that have occurred during that time.

As the financially responsible party for this plan, I do hereby acknowledge that I understand all exclusions and provisions listed above. I have received and reviewed a copy of the descriptions of the covered services and am aware of their specifics and have had all questions answered regarding this dental membership plan. Furthermore, I understand that as a provision to this membership, I am expected to remain financially responsible for all incurred costs and I understand that any monies owed after discounts are applied, are due at the time of service being rendered. Pediatric Dental Specialists reserves the right to forward all accounts that are in default to a collection agency should account not be immediately resolved. In such an event I also agree to pay all reasonable collection and/or legal fees incurred in an attempt to collect any unpaid balances.

Financially responsible party (printed name)

Today's date

Financially responsible party (signature)