

MEMBER SAVINGS PLAN



Our Yearly Member Savings Plan is for our patients who do not have dental insurance. We are offering four different plans for our patients. The cost is as follows and is a guaranteed savings.

BASIC ADULT PLAN: \$426 / year

- **All** routine x-rays, **2** exams, **2** cleanings, and **2** fluoride treatments
- **1** emergency exam with included x-ray, if necessary
- **PLUS 10% OFF** all other services and products

PREMIER ADULT PLAN: \$564 / year

- **All** routine x-rays, **2** exams, **2** cleanings, and **2** fluoride treatments
- **1** emergency exam with x-rays, if necessary
- **PLUS 15% OFF** all other services and products

GUM MAINTENANCE PLAN: \$796 / year

- **All** routine x-rays, **2** exams, **4** Perio Maintenance cleanings, and **2** fluoride treatments
- **1** emergency exam with included x-ray, if necessary
- **PLUS 10% OFF** all other services and products

CHILD PLAN: \$353 / year

- **All** routine x-rays, **2** exams, **2** cleanings, and **2** fluoride treatments
- **1** emergency exam with included x-ray, if necessary
- **PLUS 10% OFF** all other services and products

To receive the 10% or 15% off other services and products, the prescribed or recommended dental treatment must be scheduled within the **12-month** period of the contract.

There are no refunds after the first cleaning and exam have been completed. The patient must have the second cleaning completed within the 12-month period of the contract. Should the patient miss an appointment without a **2-business day notice**, your plan will be forfeited entirely.

Please continue to the next page for terms and conditions.

TERMS AND CONDITIONS

- 1. Payment:** Payment must be made in full and submitted by cash, check, or credit cards. (limited to the cards we accept).
- 2. Length of Membership:** All memberships are 12 months. Any refunds for extenuating circumstances will be at the discretion of Southwest Dentistry and will be at a prorated amount.
- 3. Cancellation:** After the first cleaning and exam, no refunds will be issued, even if the plan is canceled.
- 4. Change in Terms:** Any changes to the terms and conditions can be made at any time by Southwest Dentistry with a minimum of 30-day notice to the participant/parent/guardian prior to the changes taking effect.
- 5. Routine X-Rays:** These are the x-rays that are taken at your (cleaning) appointment for routine diagnosis of caries and gum disease.

ATTESTATION OF PATIENT/PARENT OR LEGAL GUARDIAN

I understand that Southwest Dentistry Membership plan is not an insurance plan as that term is defined under that state and federal law. I understand that the plan selected is for the identified participant only. I understand that for the adult plans, I can elect to change to a more expensive plan at any time, but I cannot elect a lower cost plan for 12 months immediately following my enrollment in a plan. I represent by my signature below that I fully understand the criteria and eligibility requirements for the Southwest Dentistry Membership Plan, and specifically the plan I have selected above as provided for the terms and conditions given to me by Southwest Dentistry. I further represent and warrant that the participant identified below is an Eligible Patient, and therefore eligible to enroll and participate in the plan, and that I will assume responsibility for the payments required under the plan I have selected for myself, or as the parent or legal guardian of a minor or incompetent person pursuant to the terms and conditions of the plan. If the Enrollee is using 3rd party financing to pay for future treatment similar to Care Credit or Lending Club, the plan discount will be reduced by 5% on those applicable services and products.

Payment in full for the selected plan to Southwest Dentistry is required upon signing this form to be enrolled in the plan.

Name of Participant: _____

If Child is Participant, Name of Parent/Guardian: _____

Participant, Parent/Guardian Signature: _____

Date of Enrollment: _____ (Completed by Southwest Dentistry)