

Dental Benefit Membership Package

(Formerly: "In-House Dental Benefit Plan")

Peter Wojtkun, DMD / Premier Dental Concepts offers a **Dental Benefit Membership Package** for individuals, couples.

If you do not have access to traditional dental insurance our **Dental Benefit Membership Package** will help you get affordable preventive dentistry and significant discounts on necessary restorative and/or elective cosmetic services. Only those **without** dental insurance are eligible.

Your regular preventive services in a year include two cleanings, two periodic exams and one set of bite-wing x-rays. **A 2018 cost in this office of \$417.**

For the annual fee of \$315 per adult our **Dental Benefit Membership Package** provides:

- Two dental cleanings per year
- Two periodic examinations with oral cancer screenings by the dentist
- Annual digital bite-wing x-rays

THIS IS AN IMMEDIATE SAVINGS PER ADULT OF \$102!

In addition to the above savings, you also receive 25% off on any of the following RESTORATIVE & COSMETIC SERVICES that can be performed in this office:

- Peri-apical x-rays and full mouth x-rays
- Porcelain veneers
- Porcelain crowns
- Dentures, partial dentures and related services
- Teeth extractions (performed in this office)
- Root Canals (performed in this office)
- White composite Fillings
- Sealants
- Night guards & athletic sport mouth guards

IMPLANT PROSTHETICS, BRIDGES and INVISALIGN up to 10% off (Case dependent)

Children under the age of 18 can be added for an annual fee of \$210 each.

Annual payment in full is required on enrollment date.

PRE-REQUISITES AND CONDITIONS (please read carefully)

All Plan participants must have had or must have a comprehensive oral examination performed by one of our dentists and adult patients must have a full series of dental x-rays taken.

The cost of these services is NOT included in the enrollment fee, but we will apply the following discounts:

- The value of the first periodic exam, (\$53 and included in the enrollment fee), will be applied to the initial exam fee of \$89. This results in an additional cost of \$36 for this one time exam.
- A full series of x-rays taken in another office may be sent to us. It cannot be more than 4 years old and must be deemed of diagnostic quality by our dentists. If a new series is indicated, the value of the annual bitewing x-rays, (\$79 and included in the enrollment fee), will be applied to the full series fee (\$147). This results in an additional cost of \$68 for these x-rays.

Any service rendered and covered by the Plan must be paid in full at the time of service by cash, check or credit card. **CareCredit** financing is not a payment option.

Services included in the annual fee must be used within the current fiscal year or are otherwise forfeited. Services not used will not be refunded.

Treatment of any diagnosed and advised service must be completed within 90 days of diagnosis. If the member opts to not do the treatment or does not complete treatment within 90 days of diagnosis, no discount will be available for possible additional services resulting from non-treatment. (For example, if a 2 surface filling is advised and not treated and results in a larger filling or root canal in the future, our office fee will be charged for this additional service and no discount is applied.)

Scheduled appointments require a minimum 48-hour cancellation notice. If we are not notified of the need to cancel within that time, or if the appointment is failed (no show without notification) the member may be charged for the scheduled service at our discretion. No further appointment may be scheduled until the fee is paid in full.

Discounts on covered services are calculated from our current office fees and are subject to change without notice.

The annual membership fee and discount percentages may change annually at our discretion.

PLAN EXCLUSIONS

Completed treatment or treatment in progress.

Topical fluoride treatments.

KoR Whitening or **PerioProtect** treatments or products.

Services performed by specialists to whom we refer when indicated.

Patients covered by group or individually purchased dental insurance plans are ineligible.

Plan participants **are not** eligible for other discounts and promotions offered by the practice.

Plan benefits **cannot** be carrier over to subsequent years.

DISCLAIMER

Peter Wojtkun, DMD / Premier Dental Concepts shall be the sole party to determine participation eligibility, discounts, and eligible services rendered and covered under this Plan. The annual participation fee and discount amounts are subject to change annually.

In the event of any dispute with respect to this Plan, a refund of the annual fee may be reimbursed to the member minus the value of services performed to date and shall be the sole and final remedy at the option of Peter Wojtkun, DMD / Premier Dental Concepts.

I have read the Membership requirements and fees and understand the conditions and exclusions.

Member(s) name (s)

Enrollee signature _____

Amount paid \$ _____

Date _____

Staff Witness _____