

# Now offering **DENTAL CARE MEMBERSHIPS** for our self-pay patients!

No insurance? No problem! Fay Family Dental Care has created a yearly membership for your dental care needs!

Adult patients (ages 14+) will pay **\$45/month** or **\$540 annually** for the following dental services:

- 2 professional teeth cleanings
  - 2 exams/oral health screenings by Dr. Fay
  - 1 set of routine bitewing x-rays
  - 1 Fluoride treatment
  - 1 emergency exam
  - 15% off procedures completed at the office, when paid the day of service\*
  - 10% discount for immediate family members\*
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Children will pay **\$38/month** or **\$456** for the following dental services:

- 2 professional teeth cleanings
- 2 exams/oral health screenings by Dr. Fay
- 1 set of routine bitewing x-rays
- 2 Fluoride treatments
- Dental sealants on permanent molars
- 1 emergency exam
- 15% off procedures completed at the office, when paid the day of service\*

Membership is effective on the date of first payment/date of signed contract. This signed contract is NOT an insurance plan. Think of this like a monthly subscription for your dental needs! No need to deal with the headache of insurance companies anymore! This membership is stress free! No need to worry about deductibles, waiting periods, claim denials, or pre-approvals.

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\*Discount is not applicable for cosmetic services such as orthodontics, whitening, veneers, or in-office products (Oral B toothbrushes/refill heads/OraCare mouthrinse, prescription toothpaste)

\*Immediate family members include spouse and children living in your household

## Terms and Conditions/Exclusions to the Program

The Dental Membership Program is not insurance. This program is offered to individuals and families who do not have insurance, or who choose not to utilize their insurance at our office. Dental Membership Program benefits are not transferable to another dental practice or dental specialty practice. Payment is always due at the time of service.

- Membership is for one year beginning on the enrollment date.
- Cash, check or credit card payments accepted.
- Membership will automatically renew on the anniversary date unless written request to cancel is received prior to renewal date.
- Member gives permission for Fay Family Dental Care to process their credit card on the annual renewal date unless written request to cancel is received prior to renewal date.
- Annual membership fees may be adjusted annually.
- Member will be informed of any increase in annual membership fee prior to renewal.
- Members are responsible for notifying Fay Family Dental Care of any address or contact changes.
- Missed appointment fees are ineligible for the membership discount.
- Membership may be terminated at will by written notice from the patient to Fay Family Dental Care
- Fay Family Dental Care may terminate the membership by written notice to the patient when terminating the doctor patient relationship or discontinuing the membership program.
- Membership benefits are not transferable, cannot be refunded, have no cash value, and may not be redeemed for cash.
- This is not an insurance plan and is not subject to regulation by the state department of insurance.
- Plan membership cannot be combined with current dental insurance plans.
- No insurance claim will be filed for Members under this plan.
- Payment is due on the date of service to qualify for the discounts detailed above.
- Membership must be current to receive the discount.
- Fees for dental services may change at any time.
- Fay Family Dental Care retains the right to interpret the program stipulations.
- It is the member's responsibility to schedule and keep all appointments offered as part of the Dental Membership Program.
- Please notify our office at least 24 hours in advance if you must change a scheduled appointment.

**Disclaimer:** This agreement does not provide health insurance coverage, including the minimal essential coverage required by applicable federal law. It provides only the services described herein. It is recommended that health care insurance be obtained to cover dental services not provided for under this in-office membership care agreement.

Signature \_\_\_\_\_