

# 12-Month Membership Plan & Agreement

# STANDARD PLAN:

- ✓ One Complimentary Set of Annual check up X-Rays
- ✓ Two Complimentary Periodic Exams with Oral Cancer Screening
- ✓ Two Complimentary Professional Dental Cleanings
- ✓ Two Flouride treatments
- ✓ One Complimentary Emergency Visit w/One X-Ray
- ✓ 15% Off All Additional Procedures (Excludes Custom Upgrades/Lab Fees, Office Promotions, Whitening)

#### PERIO FOCUS PLAN:

- ✓ Three Periodontal Maintenance Cleanings
- ✔ Two Complimentary Periodic Exams
- ✓ One Complimentary Set of Annual x-rays
- ✓ One Fluoride Treatment
- ✓ One Complimentary Emergency Visit w/One X-Ray
- ✓ 15% Off All Additional Procedures (Excludes Custom Upgrades/Lab Fees, Office Promotions, Whitening)

### **Membership Fees:**

Each Perio Adult Plan \$599.00

Each Adult (Ages 14 and Older) \$450.00

Each Child (Ages 13 and Younger) \$300.00

## Terms & Acknowledgments:

This is an in-office discount plan, not a dental benefit plan. This plan is only applicable to patients without dental benefits. I understand that the 12-month membership fee is to be paid in full upon joining and is effective on the date in which payment is received by Santa Cruz Dental. No financing or payment plans are available when utilizing this membership. **Payment for all services is due in full on the date of service**. This membership is non-refundable; no refunds will be issued at any time if the member decides not to utilize the plan. This membership is non-transferrable; this plan can only be used at Santa Cruz Dental. Services performed outside of this practice will not be covered under this plan. It is the sole responsibility of the member to maximize the benefits of this plan by arranging/scheduling the appropriate appointments within the 12-month membership period. The membership fees may be adjusted on an annual basis.

By signing I understand and will follow the terms above.

Patient/Member Name	Date of Membership
Patient/Member Signature	