Pinckney
Family Dentistry

Plan Terms and Conditions:

• This is NOT dental insurance, rather a savings plan. The savings plan cannot be used in conjunction with dental insurance or other discounts. This plan is only valid at Pinckney Family Dentistry. Care from other providers or specialists is not included. Plan fees are subject to change.

• If you are a current patient enrolling in the Pinckney Family Membership Plan, your account MUST have a ZERO balance.

• The plan is not retro-active and will become effective on the date of enrollment.

• It is the member's responsibility to utilize the services included in this agreement within their plan year limit. Any unused benefits will not be carried over or refunded. The plan is non-transferrable.

• In exchange for the care provided under this plan, the covered member agrees to pay all balances in full at the time of treatment. If treatment is not paid in FULL at the time of service, the 15% discount is void. If paying for treatment using a third-party financier, (such as Care Credit) the discount offered on treatment will be 5%. Invisalign cases do NOT receive a membership discount.

• The member has the right to opt out of the plan for a full refund within 30 days of enrollment as long as treatment has not started. If ANY treatment has been performed or if 30 days from enrollment have lapsed, NO refund will be given. The member will be responsible for paying the remaining balance regardless of services rendered.

• Services are based upon a plan year. The full membership dues are due on the date of enrollment and eligibility will begin at that time remaining active for one year. There are no waiting periods. Your membership can be renewed at the end of each plan year.

• If appointments are broken without 48 hours prior notice, a cancellation fee will apply.

734-878-3145 1245 E M36 Pinckney, MI 48169 pinckneydentistry@gmail.com www.pinckneydentistry.com

Pinckney
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Membership Plan

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Responsible Party Information:

First Name:_____ Last Name:_____
Street Address:_____
City:_____ State:_____ Zip Code:_____
Date of Birth:_____/_____/_____ Phone:_____
E-Mail:_____

Enrollee Information:

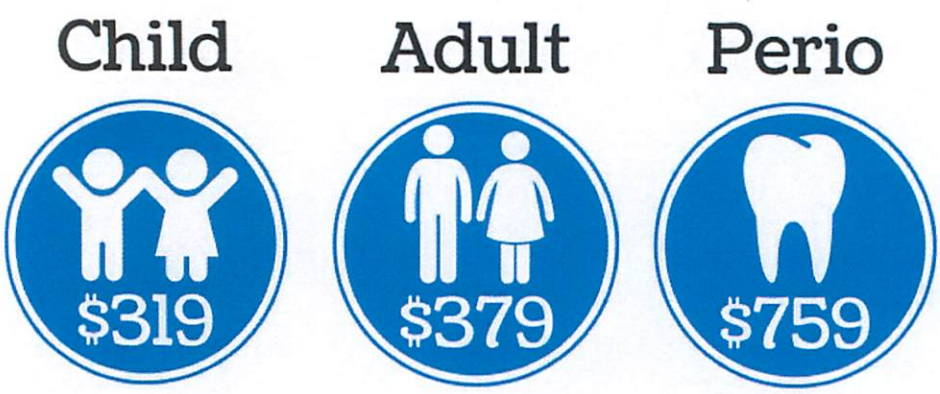
Name:_____ Date of Birth:_____/_____/_____ C / A / P
Name:_____ Date of Birth:_____/_____/_____ C / A / P
Name:_____ Date of Birth:_____/_____/_____ C / A / P
Name:_____ Date of Birth:_____/_____/_____ C / A / P

Pricing:

*Child (ages 13 and under) - $319/person
*Adult (ages 14 and over) - $379/person
*Perio - $759/person
**Family Plan- First member pays full fee, second member gets a $50 discount, and every additional member gets a $25 discount.

Total Children Enrolled:_____
Total Adults Enrolled:_____
Total Perio Enrolled:_____

Total Discount:_____



NO yearly maximums, NO deductibles, NO claim forms, NO frequencies, NO pre-authorization requirements, NO pre-existing condition limitations, NO one will be denied coverage, NO waiting periods (immediate eligibility)

- **Up to 2 exams, routine cleanings, and necessary x-rays**
- **Perio Plan- up to 4 perio maintenance cleanings, 2 exams, and necessary x-rays**
- **1 Emergency care visit: Exam and necessary x-rays**
- **Oral Cancer Screening**
- **Up to 2 Fluoride treatments when indicated**
- **1 Cosmetic or Implant consultation per year**
- **15% discount on all in house dental treatment**

By signing below, I acknowledge that I have reviewed, understand, and agree to the terms and condition of the Pinckney Family Dentistry Membership Plan.

Signature of Responsible Party:_____ **Date:** _____

Exclusions & Limitations

This is a savings plan, NOT dental insurance. It cannot be combined with any other insurance. It is only valid at this dental office: care from other providers and specialists are not included. Plan fees are subject to change. For complete details, see Plan Agreement or Plan Terms and Conditions.

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