Perry Dental Solutions
Dental Health Care Club

Club Overview

The Perry Dental Solutions Dental Health Care Club is a dental health care club for patients of Perry Dental Solutions, only, which has certain Club Membership Benefits in exchange for the Club Membership Fee. Club Membership is valid for dental treatments received only at Perry Dental Solutions and does not provide benefits or compensation for dental treatments received at any other dental office or medical care facility or dentist, hygienist or physician not employed by Perry Dental Solutions.

Club Membership Benefits Summary

1) All Preventative Dental Care is included at no additional costs to the member. Preventative Dental Care includes the following:
   a) Unlimited Examinations
   b) Unlimited Radiographs
   c) Up to 3 Basic Prophylaxis (basic teeth cleaning and polishing)
   d) Unlimited Consultations with the Doctor
   e) Unlimited Fluoride Treatments
   f) One (1) Home Whitening System and Four (4) Free Whitening Gel Refills
   g) Athletic Mouth Guards for members who are still in high school or college

2) Members will receive any Basic Dental Procedure at a discount of 25% off the normal fees. Basic Dental Procedures (and all variants) includes the following:
   a) Fillings
   b) Extractions
   c) Periodontal Treatments (deep or multiple visits cleaning; a.k.a Scaling and Root Planing)
   d) Root Canal Treatments
   e) Sealants for Pits and Fissures
   f) Zoom! In Office Tooth Whitening System
   g) Athletic Mouth Guards for members who are not in high school or college

3) Members will receive any Complex Dental Procedure at a discount of 20% off the normal fees. Complex Dental Procedures (and all variants) includes the following:
   a) Fixed Prosthetics: Crowns (caps) and/or Bridges and/or Inlays and/or Onlays
   b) Implants or any aspect of implant tooth replacement
   c) Veneers (including Lumineers)
   d) Removable Prosthetics: Full or Complete or Partial or Healing or Immediate Dentures or Plates
   e) Orthodontics
   d) Sleep Apnea and/or Snore Prevention Treatments
   e) Bruxism (grinding) Guards
   f) Any dental treatment not categorizes as Preventative or Basic

4) There are no dollar limits on the amount of dental care received per membership year.

Initials
Club Membership Fees and Limitations

A) Each Primary Account Membership is valid for a one (1) year time period equal to 12 consecutive months from the start date. A Primary Account Holder is required to sign up for a minimum of 12 consecutive months or 1 year. Once a Primary Account Holder signs up for a club membership, that individual is responsible to pay for the entire one (1) year membership fee once enrolled.

B) Club Membership will automatically renew at the end of each one (1) year (12 consecutive months) time period unless a written cancelation noticed is provided to Perry Dental Solutions from the Primary Account Holder.

C) Club Membership is not cancelable until the end of the benefit year. Club Membership is valid for twelve (12) consecutive months or one (1) year and all membership fees must be paid in full by the end of each membership year.

D) Club Membership is not transferrable.

E) Club Membership Fees must be paid in full at enrollment time.

F) If the entire Club Membership Fee is not paid in full at the enrollment time, then the Primary Account Holder may pay the Initial Membership Fee followed by nine (9) monthly automatic credit or debit card payments as outlined below.

G) If the Initial Membership Fee is not able to be paid at the time of enrollment, then a three (3) month waiting period is in effect before a member may receive any of the Basic or Complex Dental Procedure Benefits of Membership as outlined above, except in response for emergency situations and the judgment of the Managing Doctor, Dr. John Filutze

H) Multiple members on a Primary Membership Account are limited to family members, only. Specifically, a Primary Account Holder may have multiple members on an account if and only if the additional family members are any of the following: (a) a spouse; (b) dependent children or step children under the age of 21; (c) all members of a Multiple Member Account must live within the same household address.

I) Club Membership and/or Club Membership Benefits are not Dental Insurance. Club Membership and Club Benefits are only valid at and can only be used at Perry Dental Solutions. Club Membership and Club Benefits may not be used at any other Dental Office, except Perry Dental Solutions, nor at any other Dental or Medical Health Care Facility for Dental or Medical Health Care treatments received from any other Dentist, Doctor, Hygienist, Nurse or similar Health Care Practitioners, except those Dentists, Hygienists or similar Dental Health Care Practitioners employed by Perry Dental Solutions located at 3933 Lane Road, Perry Township, Ohio 44077-4902

<table>
<thead>
<tr>
<th># of Individuals per Primary Account</th>
<th>Yearly Membership Fee</th>
<th>Initial Membership Fee to Start Plan</th>
<th>Monthly Membership Fee</th>
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<tbody>
<tr>
<td>1</td>
<td>$ 360.00</td>
<td>$ 90.00</td>
<td>$ 30.00</td>
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<tr>
<td>2</td>
<td>$ 648.00</td>
<td>$ 162.00</td>
<td>$ 54.00</td>
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<tr>
<td>3</td>
<td>$ 864.00</td>
<td>$ 216.00</td>
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<td>4</td>
<td>$ 1,008.00</td>
<td>$ 252.00</td>
<td>$ 84.00</td>
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<tr>
<td>5 or more</td>
<td>$ 1,200.00</td>
<td>$ 300.00</td>
<td>$ 100.00</td>
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</table>

Initials
Club Members

Primary Account Member Name: ____________________________ DOB: ______________

Address: ________________________________________________

City: ____________________________ State: Ohio Zip Code: ____________

Primary Account Member’s Home Phone Number: _________ - _________ - _________

Primary Account Member’s Cell Phone Number: _________ - _________ - _________

Primary Account Member’s Email Address: ________________________________

Name of addition enrollee: ____________________________ DOB: ______________

Name of addition enrollee: ____________________________ DOB: ______________

Name of addition enrollee: ____________________________ DOB: ______________

Name of addition enrollee: ____________________________ DOB: ______________

Club Membership Payment

Credit Card Number: ________ - ________ - ________ - ________ Card Type: __________

Exp Date: ______/_______ Card Security No: ___________ Zip code: ________________

By signing below, I agree to abide by and follow all of the membership limitations and rules and I agree and promise to pay the yearly membership fees and patient portions of dental treatment fees, in full.

By signing below, I agree and understand that failure to pay yearly membership fees or patient portions of treatment fees will constitute a default and termination of the Club Membership and Club Membership Benefits cause a stoppage of any and all dental treatment currently in progress or planned for the future.

By signing below, I agree and understand that Perry Dental Solutions, Dr. John Filutze, or any agents assigned may pursue any unpaid Club Membership Dues and any unpaid dental treatment fees through collections agents or court of law.

By signing below, I fully understand the benefits and limitations and rights and responsibilities of Club Membership.

By signing below, I understand that this Dental Health Care Club Membership is not “dental insurance” in any form.

By signing below, I agree and understand that the Benefits of Club Membership are only valid for dental treatments that occur at Perry Dental Solutions, 3933 Lane Road, Perry Township, Ohio, 44077-4902; and that the benefits of Club Membership are not payable to nor valid with any other Dentist or Dental Office or related Dental Health Care Facility.

________________________________________________
Primary Member Signature

Date

________________________________________________
Perry Dental Solutions Witness

Date