

# Perry Dental Solutions

## Dental Health Care Club

### Membership Benefits Summary:

- 1) Membership is for 1 year or 12 consecutive months and will automatically renew unless a written cancelation is provided after the first year. Membership is not cancelable or transferrable until or after the first year of membership has been completed.
- 2) Receive all Preventative Care at no cost to you. Preventative Care includes the following
  - a) Unlimited examinations
  - b) Unlimited x-rays
  - c) Up to 4 basic prophylaxis (basic cleanings and polishing)
  - d) Unlimited consultations with the Doctor
  - e) Unlimited fluoride treatments
  - f) One Home Whitening System and two (2) free refills
- 3) Receive a discount of 25% Off any dental procedure. Dental Procedures (and all variants) includes the following:
  - a) Fillings
  - b) Crowns (cap) and bridges
  - c) Veneers (including Lumineers)
  - d) Extractions
  - e) Root Canal Treatments
  - f) Periodontal Treatments (deep or multiple visits cleaning)
  - g) Orthodontics
  - h) Sealants
- 4) Procedures not included in the Membership (These procedures will be billed at normal fees) are as follows:
  - a) Implants or any aspect of implant tooth replacement
  - b) Full or Complete dentures or plates
  - c) Partial Dentures or plates
  - d) Sleep apnea and/or Snore prevention Treatments
  - e) Athlete guards
  - f) Bruxism (grinding) guards
  - g) Zoom Whitening System
- 5) No limits on dental care received per membership year.

### Membership Fees and Limits:

- A) Each Member Primary Account Membership is good for 1 year or a 12 consecutive month period. You are required to sign up for a minimum of 1 year or 12 months. You will be responsible for the entire 1 year membership fee once enrolled.
- B) Membership will renew each year unless a written cancelation notice is provided by the Primary Account Holder
- C) Membership is not cancelable or transferable. The membership is good for 1 year (12 months) and all membership fees must be paid in full by the end of each membership year.
- D) Membership fees must be paid in full at enrollment or the Initial Membership Fee must be made with a monthly automatic credit or debit card payment agreement for the remaining 10 months.
- E) If the Initial Membership Fee is not able to be paid, then a 3 month waiting period is in effect before a member may receive the benefits of membership.
- F) Multiple members on a Primary Account are limited to family members, only. Specifically, a Primary Account Holder may have multiple members on an account if the additional members are all 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 house hold address.

# of Individuals per Primary Account	Yearly Membership Fee	Monthly Membership Fee	Initial Membership Fee to Start Plan
1	\$ 359.40	\$ 29.95	\$ 59.90
2	\$ 647.40	\$ 53.95	\$ 107.90
3	\$ 863.40	\$ 71.95	\$ 143.90
4	\$ 1,007.40	\$ 83.95	\$ 167.90
5 or more	\$ 1,199.40	\$ 99.95	\$ 199.90

Primary Account Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: Ohio Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of addition enrollee: \_\_\_\_\_

Name of addition enrollee: \_\_\_\_\_

Name of addition enrollee: \_\_\_\_\_

Name of addition enrollee: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_

Card Type: \_\_\_\_\_ Zip code: \_\_\_\_\_ Security No: \_\_\_\_\_

By signing this I agree to the membership rules and I promise to pay the yearly membership fees in full. I fully understand the benefits and limitations of membership. I understand that this is not "insurance".

\_\_\_\_\_  
Primary Member Signature

\_\_\_\_\_  
Date