

Midland Dental Savings Plan Agreement

Administrative Guidelines

1. Midland Dental Savings Plan is NOT a dental insurance. It is a discount savings plan. The intent of this plan is to benefit patients without dental insurance.
2. This enrollment form and Agreement and Acknowledgement, signed by the Midland Dental Savings Plan member, or Guarantor (herein referred to as “patient” or “member”), and accepted by Midland Dental, shall be considered to be the contract, membership materials and all disclosure information relating to the Midland Dental Savings Plan.
3. Membership premium is due at the time of the first exam. No discount will be given until membership premium is paid in full.
4. Dependents are defined as children or legal dependents who are unmarried, under age 25 and are full-time students or currently living at home.
5. The patient is responsible for the entire payment of his/her dental bill after the discount is applied at the time services are rendered.
6. A \$30 fee will be applied for appointments broken without a forty-eight (48) hour notice.
7. Midland Dental reserves the right to change discounted fees once a year. Normally, such changes are made during the first quarter of each calendar year. Yearly membership premium fees may be changed at the beginning of a new contract term with notice given to the member at time of renewal.
8. The patient may, with or without cause, within 15 days after the day on which this contract is signed by the patient (see “Acknowledgement” below), cancel the contract without payment, damages, penalty, or liability of any kind by giving WRITTEN notice of cancellation to Midland Dental, ***provided the patient has not used the services*** of Midland Dental Savings Plan. The annual premium fees collected will be refunded to the patient and the contract will be considered void.
9. The plan is valid for one year from the date this is signed, and premium is paid.

Dental Treatment

1. The dentist will provide services to patients, including services for pre-existing conditions, at the agreed upon discounted price. A patient may be referred to a specialist who is not a participant in the program; treatment requiring a specialist is not covered under this program.
2. The two cleanings in this plan are standard cleanings WITHOUT the presence of periodontal disease. If you are diagnosed with active periodontal disease, you may require scaling and root planing which will be discounted under the dental plan. Following the scaling and root planing treatment procedure, you will be placed on a periodontal disease maintenance treatment schedule.
3. Cosmetic procedures such as Botox and teeth whitening are NOT included in the discount plan. Products such as Preident toothpaste, Closys mouthwash or electric toothbrushes are not included in the discount plan.
4. The dentist and staff will provide quality dental care and will at all times comply with Utah State law relating to the practice of dentistry.

Membership Type:

- Annual Single Member \$300
- Annual Spouse/Partner Membership \$275
- Annual Dependent Membership \$250 x _____ (number of dependents) = \$ _____ (total)

Members:

Primary Subscriber Name: _____ DOB: _____

Address: _____

City: _____ State: _____ ZIP: _____

SS Number: _____ Cell/Home Phone: _____

Email address: _____

Spouse/Partner Name: _____ DOB: _____

Dependent Name: _____ DOB: _____

Dependent Name: _____ DOB: _____

Dependent Name: _____ DOB: _____

Agreement and Acknowledgement

I acknowledge receiving, reading, and understanding the terms of the Midland Dental Savings Plan. I agree to abide by all terms outlined above. I understand that all discounted fees are due at time of service for the treatment rendered. I understand that this is NOT dental insurance, but a dental discount savings plan.

Guarantor Signature: _____

Printed Name: _____

Accepted by (Midland Dental Employee Name): _____ Date: _____