

LAS POSITAS Family Dental



Membership Agreement

I have initialed the following terms and conditions of the Las Positas Family Dental Membership Plan to indicate my agreement and understanding of each one:

- Membership fees are due **IN FULL** at time of enrollment. ____
- This plan is a patient courtesy plan and **IS NOT** dental insurance. ____
- All member copayments (amount patient owes for treatment) are due **IN FULL** at time of service. ____
- Membership is prepaid, non-refundable, and non-transferable. ____
- No refunds will be given if patient chooses to not use their plan. ____
- Freezing of accounts will not be allowed under any circumstances. ____
- If you elect to extend your payment for treatment using CareCredit, the discount for treatment will be reduced from 20% to 10% for CareCredit payment, due to merchant fees. ____
- This offer cannot be combined with any other discount, promotions or dental insurance. ____
- Missed or rescheduled appointments without 48-hour notice are subject to a \$50.00 fee. ____
- Plan is subject to change annually. ____
- Membership will be automatically renewed on the 1st day of your enrollment anniversary month. To cancel your membership, you must provide written cancellation at least 30 days prior to your enrollment anniversary month. ____
- Membership may be terminated for failure to pay membership fees. ____
- Membership benefits must be utilized within 12 months of your enrollment date. ____
- Membership discount will only be subtracted from full office fees and will not apply to any implant related services, dentures, veneers, Invisalign, or other major treatment not listed. ____

Signature

Date