

Membership Discount Plan Application

Purpose

Our membership discount plan allows you and your family to receive quality dental care at Brush Dental at substantial savings. It permits you and your family to receive semi-annual exams, x-rays, and cleanings at no additional cost and as well as an extensive discount on restorative dentistry.

Plan Benefits

Exams (2), x-rays (2 sets), and basic cleanings (every 6 months)
Other Procedures

No charge
40% discount

Membership Plan Rates

	<u>Yearly</u>
1 member	\$149
2 members	\$249
3 members	\$349
4 members	\$439
5+ members	\$529

Terms & Limitations

- There is no yearly maximum, no preauthorization requirements, no deductibles, no claim forms, no treatment limitations, and no waiting period on anything.
- In order to obtain reduced pricing for multiple enrollees, enrollment and payment must be completed concurrently.
- Treatment fees are due at time of service
- Discount fees are only available for work performed in our office. Some procedures may require referral to a dental specialist, which does not qualify for a discount.
- Family plans can only enroll dependents in household or full time students.
- Enrollment must be continuous. Rates subject to change annually.
- In the event that you acquire dental insurance, participation in the discount plan becomes inactive on the effective date of such insurance.
- Full refunds can be obtained 30 days after the day on which the purchase contract is signed by giving written notice of cancellation to Brush Dental, p.c. Refunds or cancellation cannot be granted if the person has used the services of the health discount program under the contract.
- *Failure to give 24 hours notice for any cancellation will result in forfeiture of one free exam, x-rays, and cleaning.*
- **This program is not a health insurance policy**
- **This program provides discounts only at certain health care providers for health care services**
- **The program holder is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the health discount program; and**
- **Program operator: Brush Dental, p.c. 5633 W 6200 S Ste A6, SLC, UT, 84118**

Registration

Name _____ Sex M F DOB _____ Relationship _____

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Name _____ Sex M F DOB _____ Relationship _____

Name _____ Sex M F DOB _____ Relationship _____

By signing below, I agree to the terms and limitations as outlined of the Membership Discount Plan.

Signature _____ Print name: _____ Date _____