

APPLICATION FOR DISCOUNT DENTAL MEMBERSHIP

Primary Member Information:

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NUMBER
STREET ADDRESS			DATE OF BIRTH
CITY	STATE	ZIP CODE	AREA CODE & PHONE NUMBER
EMAIL:			

Dependent Information (list all eligible dependents you wish to include in your membership below):

LAST NAME	FIRST NAME	MI	RELATIONSHIP	DATE OF BIRTH
1.				
2.				
3.				
4.				
5.				

Discount Membership Prices:

Silver (25% OFF)	Gold (33% OFF)	Platinum (50% OFF)
<input type="checkbox"/> SINGLE (\$15.00 per month)	<input type="checkbox"/> SINGLE (\$19.00 per month)	<input type="checkbox"/> SINGLE (\$29.00 per month)
<input type="checkbox"/> COUPLE (\$25.00 per month)	<input type="checkbox"/> COUPLE (\$29.00 per month)	<input type="checkbox"/> COUPLE (\$39.00 per month)
<input type="checkbox"/> FAMILY (\$35.00 per month)	<input type="checkbox"/> FAMILY (\$39.00 per month)	<input type="checkbox"/> FAMILY (\$49.00 per month)

Agreement:

I have read and understand the terms and conditions of the Discount Dental Membership as listed on the back of this form and hereby request, and accept, membership, and agree to the terms and conditions thereof.

 X

 Applicant Signature Date

Authorization for Pre-Arranged, Automatic Payments:

The undersigned understands that payment of the membership fees indicated above is a continuing obligation for the twelve (12) months beginning on the date of this application. The undersigned, whether Applicant or a third party, agrees to make payment of the membership fees indicated above for Applicant's Discount Dental Membership by:

Monthly Debit Information:	Type of Card (Circle One): Visa / Mastercard / Discover
Print Name on Card: _____	Expiration Date: _____
Card Number: _____	Security Code (Last 3 on reverse): _____

I hereby request and authorize dentalks, inc. to deduct a monthly membership fee from my account with the financial institution named above on the ___ of each month or the first business day thereafter. This authority shall remain in effect for the minimum twelve month period and thereafter until revoked by either party in writing and until said notice is actually received. I agree that dentalks, inc. shall be under no liability whatsoever upon processing these payments in accordance with the terms.

Print Name: _____ Social Security Number: _____

 X

 Signature Date

Office to Complete:

Location:	Staff Initials:
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Terms and Conditions:

- The discounted fees associated with the Discount Dental Membership are reduced fees for services performed and in no way qualifies as a dental insurance program.
- The discounts associated with the Discount Dental Membership only available for services provided by Advanced Dental, Antioch Dental, and Shawnee Dental.
- The monthly membership fees are to be paid for a minimum twelve (12) month period beginning at the date the application is actually received and approved and fees are non-refundable unless waived by the dentist.
- Membership eligibility is defined as applicant, applicant's legal spouse, and any non-married children, under the age of 26, still living in the household.
- Fees and discount prices are subject to change without notice.
- Members are responsible for paying the percentage of the cost of the service being rendered that is associated with their Discount Dental Membership. Payment services rendered are due at the time of service.
- Patient is also responsible for lab fees on crowns, bridges, dentures, partials, any service that has to be sent to our lab to be completed.
- Unless prior signed financial arrangements have been made, the fee is due, in full, the day of the service. No balances shall be carried by this dental office for more than 60 days after the dental services have been rendered.
- Discount Dental Membership may be terminated for abuse, failure to pay membership fees, and/or failure to timely pay fees for services rendered.
- Membership requires a commitment to 12 monthly payments. Upon termination of Discount Dental Membership for either failure to pay membership fees or failure to timely pay fees for services rendered, the remaining membership fees due, for the months following termination, shall become due immediately; or, the amount equal to the difference between the standard fee schedule and the discount given during the term of the membership prior to termination shall become due immediately. Dentalks, inc. shall have to option to elect either remedy, but not both.
- If either the Applicant's account for services rendered, or the Applicant's account for amounts due under his or her Discount Dental Membership is sent to a collection agency, or to an attorney for non-payment, patient, Applicant and any third party agreeing to make payment on patient's and/or Applicant's behalf, will be responsible for the costs of collection, including attorney's fees.
- The Discount Dental Membership is administered solely by dentalks, inc. and may be discontinued at the end of any month with or without notice.

Membership Limitations:

- Prophylaxis does not include debridement or scaling. 1 free Prophylaxis is included each year as a part of membership benefits.
- Fluoride treatments are limited to once every six (6) months until the patient reaches the age of 19.
- Denture relines are limited to once per calendar year.
- A denture, bridge, or other appliance installed under the Discount Dental Membership can be replace only once during the five (5) year period after the original installation. A denture, bridge, or other appliance can be replaced only if it is unsatisfactory and can not be made satisfactory by a reline or repair.
- All covered replacements are subject to the membership percentages of the fee as listed in the Schedule of Services.
- Crowns are included only if the dentist determines that there is not enough retentive quality left in a tooth to hold a filling.

Membership Exclusions:

- Any dental procedure in progress is excluded (eg. teeth prepared for crowns, root canals in progress, etc.).
- Any dental procedure performed either before or after a member's eligibility period is excluded.
- Replacement of a satisfactory filling is excluded.
- Any dental service provided to the member by state government or agencies thereof, or services provided without cost to the member by a municipality, county, or other subdivision is excluded.
- Replacement of lost or stolen dentures is excluded.