

# 7 Day Dental Membership Plan Contract

The 7 Day Dental Membership Plan is provided as a service to our patients without dental insurance. All diagnostic services, radiology, and preventative services are provided at no additional charge to members. All other dental services offered at 7 Day Dental Smiles, PLLC are offered at a 15% reduction of our regular fees when paid by cash, check, or credit card.

1. **7 DAY DENTAL MEMBERSHIP PLAN:** This is a dental membership plan and is not considered a dental insurance plan. The dental membership plan is for patients without dental insurance and cannot be used in conjunction with a dental insurance plan.
2. **ADMITTANCE TO THE PLAN:** Members may only be admitted to the plan upon initial signup or annually thereafter on the renewal date unless there is a qualifying event such as death, marriage, etc.
3. **USE OF PLAN AND SERVICES COVERED:** This plan may be used at 7 Day Dental Smiles and applies only to dental procedures offered at 7 Day Dental in Post Falls, Idaho. This membership plan includes services normally covered in the scope of general dentistry.
4. **DENTAL CARE NEEDS TOO COMPLEX:** There may be dental care needs beyond the scope of services provided at 7 Day Dental. Patients with specialty dental care needs will be advised as soon as possible and referred to the appropriate dental specialists. Referred services are not covered by this membership plan. After specialty services are performed the patient may return to 7 Day Dental and receive treatment covered under the membership plan. Common referred procedures may include: impacted wisdom tooth removal under sedation, retreatment of root canals or root canals with calcification that require a dental microscope to perform.
5. **MEMBERSHIP DUES:** Single or first family member annual dues are: \$359 or \$299 for a single child under the age of 16. Second or consecutive family member dues are \$329. Periodic maintenance patients are \$449. The plan is non transferable. Family members cannot be substitutes for another family member. Dues are subject to change annually. A family is defined as a parent as the first member, a spouse or domestic partner and/or dependent children under the age of 16 as second or third members. Plan members are subject to immediate termination if found to be in violation of this policy.
6. **PAYMENT OF MEMBERSHIP DUES:** Membership dues are paid yearly, and are due prior to services being rendered. Yearly dues may be paid with cash, check, or credit card. Payment via Care Credit will incur a 9.9% premium to cover the merchant fee charged by Care Credit. Dues must be paid in full and the patient's account must be current in order to receive benefits under the membership plan.
7. **CANCELLATION OF MEMBERSHIP:** Notification of the cancellation of the plan must be made 30 days prior to the renewal date. There are no refunds for the subscription dues. Patients are not required to receive any recommended treatment that is diagnosed prior to using the benefits included with the membership.
8. **PAYMENT FOR SERVICES:** Payments for services are due at the time services are rendered.

SIGNATURE OF ACCEPTANCE

Member Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

TREATMENT	Coverage Adjustment
<b>Examinations:</b>	
Comprehensive Exam (New Patient, initial visit)	100%
Periodic Exam (2 per year)	100%
Limited Oral Exam, Problem Focused, Emergency Exam (1 per year)	100%
<b>X-rays/Diagnostic Films</b>	
Intraoral - complete series or Pano (as needed or 1 in 3 years)	100%
Intraoral - periapical film x-rays (as needed, no max)	100%
Bitewing x-rays (as needed, no max)	100%
<b>Preventative</b>	
Child Prophylaxis (Routine cleaning - 2 per year)	100%
Adult Prophylaxis (Routine cleaning - 2 per year)	100%
Perio Maintenance (3 cleanings per year)	100%
Fluoride (16 and under - 2 per year)	100%
<b>"Everything else"</b>	Discounted 15%

- \* No waiting periods
- \* No deductible
- \* No annual max
- \* No claims to submit
- \* No insurance to downgrade "standard of care" treatment
- \* No exclusion of pre existing conditions

# Membership Plan Guidelines

## Program Guidelines:

This Dental Plan is not dental insurance. It is a discount dental savings plan available only at 7 Day Dental Smiles, PLLC. The program is only available to individuals and families not currently insured by a dental health plan. The program benefits are not transferable to another dental practice or dental specialty practice. Payment is due at the time of service.

- It is the members responsibility to schedule and keep all appointments offered as part of the dental program. Exams, cleanings, and fluoride must be performed within the year of enrollment and cannot be carried over to the next benefit year. 7 Day Dental Smiles will send reminders and do our best to notify you of any expiring benefits to best help you maximize your paid for benefits.
- Membership is for 1 year beginning on the enrollment date and good for 1 year. Membership will automatically renew on the anniversary date unless a request to cancel is received prior to the anniversary date. 7 Day Dental Smiles will also do our best to notify you in advance of the anniversary date to help you stay informed.
- Membership dues are payable in full upon enrollment and are nonrefundable.
- Payments for additional dental services are the member's responsibility and due at the time of service based on the discounted rate associated with this dental savings plan.
- Membership must be current to receive the discount.
- Fees for dental service may change at any time. This is not common, but periodically PPE supplies can become volatile and the need to adjust fees to accommodate is possible. This will not affect already paid for plans.
- Please notify our office at least 48 hours in advance if you must change a scheduled appointment. A fee based on the length of appointment may be incurred for each broken appointment without 24 hour advance notice.
- No deductibles, no pre-authorizations, no yearly maximums, no waiting period, no treatment exclusions.
- Discounts cannot be applied or combined to any other specials, Sonicare toothbrushes, whitening products, or product sales.

# 7 Day Dental Membership Savings Plan Member Sign Up

	<b>Adult Membership</b>		\$359.00		
	<b>Additional Family Member</b>		\$329.00		
	<b>Child or Dependent Member Under 16</b>		\$299.00		
	<b>Perio Maintenance Member</b>		\$449.00		
				<b>TOTAL</b>	