



WENGROVER
Dental Arts

Benefits and Provisions of the Dental Membership Plan

- Enrollment Date begins on the first of the month and when fee (\$450) is paid in full. Plan expires after 365 days.
- The membership plan includes:
 - 2 regular prophylactic cleanings during the plan year
 - All radiographs and exams
 - A discount on most services
- No Annual Deductibles
- No Annual Maximums
- No Preauthorization required
- No Waiting Period or Eligibility periods for Major Treatment
- No Missing Tooth Clause Restrictions or Exclusions
- Annual Enrollment Fee for each family member is non-refundable.
- All treatment must be PAID IN FULL at each visit to keep the plan in effect. The exams, bitewings x-rays, cleanings, and fluoride must occur within the year of enrollment and cannot be carried over to the next year.
- It is the patient's/parent's responsibility to make and keep appointments for their family members.
- Our program is not transferrable to another party or uncovered family member.
- Participation cannot be combined with any other offer or dental plan.
- All fees shall be based on our practice's UCR fees and not any other dental plan's fees.
- Annual Enrollment Fees and Procedures are subject to changes during the year.

Appointment Details

Honoring your appointments allows us to reserve time for you and provide the best care possible for our patients. If you need to cancel or change an appointment, we require that you give us 48 hours notice (2 business days). If you do not give us 48 hours notice, you will receive one of the penalties below:

- Forfeiting a visit if you miss a cleaning or visit with a hygienist or
- Losing the 15% discount from a doctor visit when reschedule or
- Minimum of \$50/hr charge as a missed appointment fee

The consequences of multiple missed appointment will be a written warning. If you receive two written warnings, you could be dismissed from our practice without a membership fee refund.

Emergencies and illnesses are an exception, but patients need to call as soon as they know they need to change a scheduled appointment.



WENGROVER
Dental Arts

TERMS & CONDITIONS OF THIS PLAN

Here are the fine print details. This plan is good for 12 months from the date the membership is purchased and expires on the purchase date the following year. This plan is not an insurance product and cannot be combined with other dental benefit plans. The Dental Membership plan is for patient who do not have any alternative dental benefits.

Wengrover Dental Arts reserves the right to revoke the membership at any time for abusive or inappropriate conduct towards doctors, staff, or other patients. Those in violation of this membership rule will be dismissed with a single written notice and will not be refunded.

Plan Limitations & Exclusions

The Dental Membership Plan does not cover the following services:

Specialist referral care: Orthodontist, Periodontist, Endodontist Oral Surgeon, pedodontist
Cosmetic Dental Services: If treatment is primarily for aesthetic/cosmetic reasons, rather than oral health, additional diagnostic and lab fees may apply Complex Restorative and Reconstructive Care.

I, _____, have read the above terms and conditions of the Dental In-House Membership Plan and agree to comply with them. My effective date for the Dental Membership Plan is _____, 20 ____.

Signature: _____

Date: _____



WENGROVER
Dental Arts

DENTAL SAVINGS PLAN APPLICATION

Plan Holder Information: **Effective Date:** _____ **Renewal Date:** _____

Full Name: _____ Date of Birth: _____

Address: _____ City: _____ State: ____ Zip: _____

Contact Phone #: _____ Email: _____

Annual Membership Cost: (\$450)

Additional Family Members:

Additional Cost per Member:

Name: _____ Relationship: _____ Birthdate: _____ Add: \$450

Name: _____ Relationship: _____ Birthdate: _____ Add: \$450

Name: _____ Relationship: _____ Birthdate: _____ Add: \$450

Name: _____ Relationship: _____ Birthdate: _____ Add: \$450

Total Amount Due: _____

Auto-Renewal Program

I, _____, authorize Wengrover Dental Arts to charge my credit card each year upon my anniversary date to automatically renew my enrollment in the Dental Savings Plan. Wengrover Dental Arts will notify me when the plan is renewed, for my records. If I choose to discontinue participating in the dental savings plan, I will notify Wengrover Dental Arts one month prior to my anniversary renewal date.

Dental Savings Plan Guidelines:

- Dental Savings Plan is a Discount Plan, NOT an Insurance Product.
- No refunds of premiums will be issued at any time if participant decides not to utilize discount plan.
- Dental Savings Plan premium must be paid with cash, credit card, or check.
- Dental Savings Plan only applies to services received at Wengrover Dental Arts.

By signing below, I acknowledge that I have read the Dental Savings Plan brochure and application and I understand the discount plan details, discounts, and guidelines.

Member Signature: _____ Date: _____



WENGROVER
Dental Arts

Name: _____ Date: _____

Types of Memberships:

- Adult Healthy Prevention: **\$450** annually
 - ☐ Professional Dental Cleanings and exam (2/year)
 - ☐ Needed radiographs (determined by the Doctor)
 - ☐ One emergency exam per year (if needed)
 - ☐ Fluoride treatment
 - ☐ Intra oral Photographs and Ortho Records
 - ☐ Oral Cancer Screening
 - ☐ 15% of most other treatments

- Adult with Periodontal Disease: **\$550** annually
 - ☐ (For patients enrolled in active periodontal maintenance)
 - ☐ Professional Dental Cleanings and exam(3-4/year)
 - ☐ Doctor exams (1-2/year)
 - ☐ Needed radiographs (determined by the Doctor)
 - ☐ One emergency exam per year (if needed)
 - ☐ Fluoride treatment
 - ☐ Intra oral Photographs and Ortho Records
 - ☐ Oral Cancer Screening
 - ☐ 15% off SC/RP
 - ☐ 15% most other treatments
 - ☐ 15% off localized periodontal antibiotic therapy



WENGROVER
Dental Arts

Exclusions and Limitations:

It Cannot Be Used:

- In conjunction with any other forms of dental insurance or discounts plans.
- For treatment covered under any other insurance plan.
- For treatment, which, in sole option of the treating dentist, lies outside of the realm of their capability.
- At any other dental office.

Programs Guidelines:

- This plan is only honored at Wengrover Dental Arts.
- Membership clubs are not insurance, but a payment arrangement provided by Wengrover Dental Arts for services rendered. Our patient is electing to make regular 12-month subscription payments for preventive care instead of paying full fees at the time of service.
- Membership dues must be current to receive services. These are for 12 months of service.
- It is solely the patients responsibly to schedule and keep their appointments.
- Needed radiographs are determined by your dentist at the time of service.
- Discounts cannot be used in conjunction with any other dental plan, discount program or discounts.
- The fees are non-refundable. No refunds offered for underutilization of the program, relocation or if dental insurance is obtained.
- This plan is non-transferable. Family members cannot be substituted for another family member.
- During orthodontic treatment patients must remain a plan participate during the entire length of treatment.
- The enrollment period is for 12 months from purchase date of the plan. Plan and fees are subject to change. Treatment fees are guaranteed for 30 days from the date quoted in the office.
- The plan will automatically renew annually.
- Wengrover Dental Arts reserves the right to terminate membership and or refused treatment without notice if the member fails to pay or if account becomes delinquent.
- Additional fees will be charge for missed, canceled or broken appointments without 48-hour notice.
- Termination of the plan will occur after two no show appointments.
- All payments are due at the time of service to receive the discounted fee. If not, regular full fees will be used.
- We recommend that all preventive appointments be made 6 months in advance and all treatment appointments are made when diagnosed to guarantee schedule availability.

Signature: _____ Date: _____



WENGROVER
Dental Arts

CREDIT CARD AUTHORIZATION

I, _____, authorize Wengrover Dental Arts to bill my credit card automatically every 12 months for the dental savings plan. This authorization will remain in effect as long I am a patient of Wengrover Dental Arts or until I inform the Office, I no longer wish to participate in the auto bill. I also accept a surcharge fee for the credit card transactions.

Address: _____

City & State: _____ Zip Code: _____

Home Phone: _____ Cell: _____

Card Type: MasterCard VISA Discover AMEX

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____ CVC: _____

Cardholder ZIP Code (from credit card billing address): _____

Member Signature

Date

Office Use

Membership Plan Type: _____