

DANVILLE DENTAL DISCOUNT CLUB

By signing this agreement, I acknowledge I have been furnished information about the Danville Dental Discount Club regarding:

- The annual membership fee of \$125.00
- The charges I am responsible for and that I am responsible to pay in full on the day of service in order to receive the discounts
- Included and excluded services
- Discounts received during the 12 months after membership is paid:
 - o Two cleanings at \$70 each during that year
 - o All other services:
 - paid by cash or check - 20% discount
 - paid by debit/credit card - 15% discount

I have been informed of and understand the following:

- The membership fee provides coverage for a period of twelve (12) months from the initial signing date, or the date of the renewal, and must be renewed for benefits to continue
- There is an automatic renewal each year after the initial membership and if cancellation is needed, please let us know prior to the renewal date. There will be a \$25 reactivation fee added if the patient chooses to reactivate the discount membership once cancelled.
- Treatment that was started prior to joining the Danville Dental Discount Club is not eligible for discounts under this plan
- Discounts offered by this plan take the place of any other discounts offered by Danville Dental Associates for payment on the date of service

I have read and understand the terms of the Danville Dental Discount Club. I understand that Danville Dental Associates will automatically renew my membership each year to continue my discounts and I will be charged the \$125 membership on my renewal date. If I choose to cancel my yearly renewal, I realize there is a \$25 fee to reactivate my membership. I am also aware that I will be responsible for any finance charges added to my account for balances that are 60 days past due.

Patient's Printed Name

Signature of the Patient or the Responsible Party for the Patient

Today's Date

Date Discount Plan Coverage is Effective

Renewal Date