

Enrollment Form

Date: _____

PATIENT NAME: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

ADDITIONAL FAMILY MEMBERS: _____

Spouse: _____ DOB: _____

Child: _____ DOB: _____

Child: _____ DOB: _____

Child: _____ DOB: _____

ADULT MEMBERSHIP \$442.00 X _____ = _____

PERIO MEMBERSHIP \$660.00 X _____ = _____

CHILD MEMBERSHIP \$380.00 X _____ = _____

ADDITIONAL CHILDREN \$310.00 X _____ = _____

Your 12 month membership fee is due in full upon joining. Membership is effective the date on which payment is received, and terminates the same date the following year. Payment may be made by cash, check, or credit card. Memberships are sold only on an annual basis. We are unable to provide refunds or credits on memberships due to the nature of the club and the way benefits are derived from membership. You may not use any type of dental insurance, or managed care dental plan, in conjunction with the discounted services that are provided through the membership. Care Credit or Proceed Finance may not be used to finance your annual membership fee. If you choose to use Care Credit or Proceed Finance to pay your balance on other treatment, that treatment will be billed at our usual and customary fee, without the 15% fee reduction. To enable us to offer you the "interest free" plans with Care Credit, we already take a reduced reimbursement from them.

The 15% discount on additional services only applies to services provided in our office. In the RARE event that your doctor must refer you to a specialist for treatment, our membership club prices will not apply, as specialists have their own billing and collection policies.

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____

Elite

Dental Club

OUR ELITE DENTAL CLUB HAS BEEN
IMPLEMENTED TO ASSIST OUR NON-INSURED
PATIENTS:

What it's not:

NOT an insurance plan

NOT a PPO

NOT an HMO

NOT a dental discount plan

There are No:

Waiting Periods

Pre-authorizations for treatment

Benefit maximums

"Loop-hole" such as "missing tooth clause," or
treatment being "down coded" by the
insurance company to an alternate
treatment.

LENOIR CITY PROFESSIONAL PARK
603 HWY 321 N, BLDG. 1
LENOIR CITY, TN 37771
(865) 986-0842

Adult

Membership

13 YEARS OLD
& OLDER

This plan is for patients requiring regular cleaning appointments.

\$442.00 per year
(up to \$102.00 annual savings)

- PROFESSIONAL DENTAL CLEANINGS (2 per year)
- DOCTOR EXAMS (2 per year)
- NECESSARY X-RAYS
- ONE EMERGENCY EXAM PER YEAR, IF NEEDED

Child

Membership

12 YEARS OLD
& YOUNGER

\$380.00 per year for 1st child (up to \$114.00 annual savings)

\$310.00 per year for each additional child
(\$102.00 savings on each additional child)

- PROFESSIONAL DENTAL CLEANINGS (2 per year)
- DOCTOR EXAMS (2 per year)
- NECESSARY X-RAYS
- ONE EMERGENCY EXAM PER YEAR, IF NEEDED

Perio

Membership

PRESENCE OF
PERIODONTAL DISEASE

This plan is for patients who are receiving active periodontal maintenance due to prior treatment of periodontal (gum) disease.

\$660.00 per year (up to \$250.00 annual savings)

- PERIO-MAINTENANCE CLEANINGS (3-4 times per year as determined by Dentist)
- DOCTOR EXAMS (2 per year)
- NECESSARY X-RAYS
- ONE EMERGENCY EXAM PER YEAR, IF NEEDED

YOU WILL RECEIVE THE CARE THAT BOTH YOU AND YOUR PROVIDER DECIDE IS BEST FOR YOUR HEALTH; NOT THE CARE THAT THE INSURANCE COMPANY DICTATES.

PATIENTS WITH ACTIVE PERIODONTAL DISEASE MAY BE REQUIRED TO COMPLETE COMPREHENSIVE PERIODONTAL THERAPY BEFORE QUALIFYING FOR ONE OF THE FOLLOWING PLANS.

15% DISCOUNT ON REMAINING SERVICES, EXCLUDING ALIGNER THERAPY CASES, IMPLANT SUPPORTED DENTURES OR PRODUCTS.
WE CANNOT PROCESS THE 5% CASH DISCOUNT ALONG WITH THE 15% DENTAL CLUB DISCOUNT.