

NORTH GWINNETT DENTAL CARE

MEMBERSHIP PROGRAM

Our membership plans are designed to meet the needs of our patients without traditional dental insurance

ADULT PLAN

- TWO CLEANINGS PER YEAR
- TWO ROUTINE EXAMS PER YEAR
- ONE EMERGENCY EXAM

\$49

- ROUTINE ~~X-RAYS~~ EVERY YEAR
- FLUORIDE VARNISH AT CHECKUPS
- 15% OFF OF ALL OTHER DENTAL TREATMENT

\$79

DUAL PLAN

(TWO PEOPLE LIVING AT SAME ADDRESS)

- TWO CLEANINGS FOR EACH PERSON PER YEAR
- TWO ROUTINE EXAMS FOR EACH ADULT PER YEAR
- ONE EMERGENCY EXAM FOR EACH PERSON
- ROUTINE ~~X-RAYS~~ EVERY YEAR FOR EACH PERSON



INCLUDED IN EVERY PLAN

EXAMS

CLEANINGS

TOOTHACHE VISITS

FLUORIDE

FAMILY PLAN

(FOR UP TO 4 PEOPLE LIVING AT SAME ADDRESS)

- TWO CLEANINGS FOR EACH MEMBER / YEAR
- TWO ROUTINE EXAMS FOR EACH MEMBER / YEAR
- ONE EMERGENCY EXAM FOR EACH MEMBER
- ROUTINE ~~X-RAYS~~ EVERY YEAR FOR EACH MEMBER
- FLUORIDE VARNISH AT CHECKUPS FOR EACH PERSON
- 15% OFF OF ALL OTHER DENTAL TREATMENT

\$139



PERIODONTAL PLAN

(FOR ONE ADULT WITH PERIODONTAL DISEASE)

- COMPREHENSIVE PERIODONTAL EXAM
- FOUR PERIODONTAL MAINTENANCE CLEANINGS PER YEAR
- THREE ROUTINE EXAMS PER YEAR
- FLUORIDE VARNISH AT CHECKUPS
- ONE EMERGENCY EXAM
- ROUTINE ~~X-RAYS~~ EVERY YEAR
- 15% OFF OF ALL OTHER DENTAL TREATMENT

\$59



Agreement

The parties agree : **THIS PLAN IS NOT DENTAL INSURANCE, IT IS A DISCOUNT PLAN OFFERED IN OUR OFFICE .**

The Wellness Plan

Wellness Plans provide specific Dental Services as well as discounts on other dental services not included in the Wellness Plan.

Dentist Wellness Plan Fees

Patient shall pay monthly fees to North Gwinnett Dental Care for a Wellness Plan based on how many family members the wellness plan covers. The Fees shall be payable in equal monthly installments and will commence on the date of enrollment. Fees shall be billed each subsequent month on the same day as the enrollment day (date of billing shall be adjusted for days falling on non-business days.

Term and Termination

Subject to the termination rights described herein, this Agreement is for a term of one (1) year, commencing on the date first written above. This Agreement shall automatically renew for successive one (1) year periods thereafter. Either party may terminate this Agreement at any time upon five (5) days prior written notice to the other party. Dentist may terminate this Agreement immediately if Patient breaches any of his or her obligations under this Agreement. If Patient terminates this Agreement during the first twelve (12) months of the term hereunder, the patient is still require to make payments for 12 months. After the initial period of 12 months, the patient can terminate anytime before the first checkup after the 12 months has been completed. Regardless of any termination by patient, any payments made prior to termination are non refundable.

Automatic Payments

Patient hereby authorizes regularly scheduled charges to his or her Visa, MasterCard, American Express, Discover card, or his or her checking account. Patient will be charged each billing period for the total amount due for that period. A receipt will be sent to Patient and the charge will appear on Patient's credit card or bank statement. Patient agrees that no prior-notification will be provided if the total payment is no more than the fees described herein. Patient understands that this authorization will remain in effect until canceled in writing, and agrees to notify North Gwinnett Dental Care in writing of any changes in Patient's account information or termination of this authorization at least five (5) days prior to the next billing date. Patient certifies that he or she is the authorized user of the designated credit card and will not dispute the scheduled payments with such credit card company provided the transactions correspond to the terms described herein.

Obligations of Patient

Patient hereby agrees to perform the following as a member of the Wellness Plan being supplied by Dentist. Develop an understanding of the Wellness Plans being offered by North Gwinnett Dental Care through printed materials and the SugarHillDentist.com website. Enroll in the Wellness Plan being offered by North Gwinnett Dental Care by setting up an account with e-mail and password and provide any additional information requested, including but not limited to name and birthdate (of all family members enrolled in plan) their address, telephone, cell phone, and fax numbers.

Patient responsibilities

In the event that Patient fails to pay the Fees due under this Agreement, Patient shall be in default and Dentist will have the right to exercise all legal or equitable remedies available to the Dentist, including right to immediately terminate Patient's and Patient's family member-

Today's Date _____ (12 month membership will start on 1st day of 1st appointment for 1st family member)

Primary Member _____ Birthdate ____/____/____

Second Member Name _____ Birthdate ____/____/____

Third Member Name _____ Birthdate ____/____/____

Fourth Member Name _____ Birthdate ____/____/____

Total family members covered by plan: _____ X \$5.00 per member enrollment fee = Total due today _____

Street Address _____ City _____ State _____, Zip _____

Cell phone _____ Email Address _____

Monthly Fee that will be charged to credit cards or deducted from checking \$ _____

Signature of responsible party _____