

STAFF USE ONLY

DATE:

NAME:

MEMBERSHIP AGREEMENT

PART 1: PLAN ELECTION

Choose your plan type by checking the appropriate box(es).

PLAN TYPE	YEARLY PRICE	MONTHLY PRICE
<input type="checkbox"/> Single	\$ 290	\$ 25
<input type="checkbox"/> Dual (Parent/child, or two spouses)	\$ 580	\$ 50
<input type="checkbox"/> Family (3)	\$ 860	\$ 75
<input type="checkbox"/> Family (4)	\$1,150	\$ 100
<input type="checkbox"/> Additional Family member	\$ 260	\$ 25

Choose your payment plan by checking the appropriate box.

<input type="checkbox"/> Full pay – the entire yearly price is charge at enrollment and annually thereafter
<input type="checkbox"/> Monthly by credit card – 50% of the yearly price will be charged at enrollment, then a credit card will be kept on file to charge the monthly fee each month thereafter
<input type="checkbox"/> Monthly by ECH debit – 50% of the yearly price will be charged at enrollment, then the monthly fee will be automatically withdrawn from a bank account each month thereafter

_____ Initial to the left if you authorize auto-renewal.

PART 2: MEMBER INFORMATION

PRIMARY APPLICANT	Family Members
Name:	
Address:	
City:	
State: zip code:	
Best telephone	

number:	
---------	--

PART 3: TERMS AND CONDITIONS

“Single” plans may be used only by the primary applicant. “Dual” plans may be used only by the primary applicant and the one family member listed in the right-hand column. “Family” plans may be used only by the primary applicant and the listed family members. “Family members” included spouses, married according to the laws of the state of Indiana, and dependent children up to the age of 18. Family members may not be randomly added or switched; families must wait for annual renewal to add/remove members. Services are nontransferable.

Club membership fees may be paid on an annual basis, with the full amount being paid at the time of enrollment and then once per year thereafter. As an alternative, patients may pay 50% of their membership at enrollment and then may begin to make month payments thereafter. The 50% down payment is only required at *initial* enrollment. Patients who chose to make monthly payments must provide either a debit card, a credit card or a bank account draw authorization in order to make these payments. Because our bank charges us a fee, we must also charge patients a fee of \$16 per occurrence if a debit or credit card charge or a bank account draw is unsuccessful due to insufficient funds or invalid account. In the event that a patient changes banks or has a card expire, it is the patient’s responsibility to provide Hartman Dental Associates with updated information. Credit card payments and ECH debit draws are run on the 10th of each month, or the next business day, if the 10th does not fall on a work day.

In the event that a member who is making monthly payments should become delinquent in their payments, all services offered under the plan will be suspended until payments are again current. Payments must be caught up for all intervening months. The plan will not take a “break” just because some payments are missed. If a plan ends with some payments still outstanding, a third-party collection agent will be utilized to collect any outstanding

balances. In this event, patients must re-enroll and pay the 50 down payment again.

Memberships are sold only on an annual basis. Membership fees may not be refunded or prorated unless one of the following conditions is met:

1. Death of the participating member.
2. Serious illness of the participating member that would prevent that member from being able to have regular dental treatment. A physician statement will be required.
3. A participating *adult* member moves more than 100 miles from our office. (Please note that a dependent may not be released from their membership because they move but their parent does not; i.e. there is a change in custody or a child attends an out-of-town school)

By choosing to authorize “auto renewal”, a patient will receive a 5% discount off of the price for subsequent years. However, patients should be aware that, from time to time, fees may be raised in keeping with inflation. When a patient’s renewal date approaches, it is the patient’s responsibility to contact the office if there is a concern about a possible increase in membership fee. The contract will be renewed at the rate in effect at the date the contract is subject to renewal, and the 5% discount will be applied to that rate. Rate increases will be communicated on our website.

Patients participating in this program are still subject to a \$25 missed appointment charge in the event that they do not give a least 48 hours advanced notice if they must miss an appointment. This charge is not covered or negated by their club membership.

Hartman Dental Associates is not a provider of health insurance, a health maintenance organization or an underwriter of health care services.

PART 4: COVERED SERVICES

The following services are included in your club membership:

Diagnostic Services

- Comprehensive new patient examination – 100% covered
- Routine dental exams (twice per year) – 100% covered
- Full mouth survey (x-rays) (once every five years) – 100% covered
- Bitewings (x-rays) (once per year) – 100% covered
- Single x-rays (as frequently as necessary, as determined by the doctor) – 100% covered

Preventive Care

- Prophylaxis (hygiene cleaning) (twice per year) – 100% covered
 - Additional cleanings per year – 15% discount (100% coverage for the first two cleanings, 15% discount for any additional cleanings)
 - Fluoride (as frequently as necessary, as determined by the doctor; up to twice per year) – 100% coverage
 - Sealants (as determined appropriate by the doctor) – 15% discount
- In the event that a patient has periodontal disease, the scope of the preventive services listed may be reduced or denied. Patients with periodontal disease may be recommended for a full course of periodontal treatment before routine cleanings will be appropriate.

Other Covered Procedures

- Emergency exams – 15% discount
 - Fillings, build-ups, crowns and bridges – 15% discount
 - Periodontal treatments (root planing, scaling, gingivectomies) – 15% discount
 - Dentures – 15% discount
 - Partials – 15% discount
 - Extractions (if not referred to a specialist by the doctor) – 15% discount
 - Mouth guards and splints – 15% discount
 - Cosmetic bleaching services - 15% discount (discount does not apply to subsequent purchases of refill gels)
- Occasionally, certain services cannot be performed in our office. It is not our intention to avoid providing services to club members, but at the same time, the health and safety of our patients must be our first priority. Services provided by other dental specialists, even if referred by our office, are not covered by your membership.

Exclusions and Limitations

This plan may not be used:

- in conjunction with any other dental plan, including dental insurance
- in conjunction with any other discounts or specials
- in treatment plans addressing injuries that are covered by workers' compensation, automobile, homeowners', medical, or any other type of third-party insurance
- for treatment that, in our opinion, lies outside our expertise or that is referred to a specialist
- facial aesthetics
- retail products (i.e. bleaching gel refills, mouth rinses, toothpastes, rotadents)

Dental Savings Plan Employee Guidelines

All employees should read the brochure and contract to familiarize themselves with the plan.

In the treatment rooms, clinical staff should focus on the existence of the plan and its potential benefits. Brochures will be in the rooms to distribute to interested patients. If a patient wants more info, front desk staff should be notified. Clinical staff are not expected to answer specific questions or present contracts. Here is a suggested script:

“Here is a brochure that explains our Dental Savings Club. I’ll give you a chance to read through this, and then one of our front office team members will be glad to answer any questions that you have.”

If a patient expresses interest beyond just the brochure, the front desk staff should bring a contract to the patient. The following script should be used:

“Here is a copy of the plan membership agreement. Parts 3 and 4 explain how the plan works, as well as everything that the plan covers and doesn’t cover. I’ll give you a chance to read through this, and then I’ll be glad to answer any questions that you have.”

The front desk staff should then leave the room briefly and give the patient an opportunity to read the contract privately. The front desk staff should then re-enter the room. This is the time for questions, answers and conversation about the plan.

If a patient enrolls in the plan, the contract should be finished as follows:

1. Front desk staff should assist the patient in choosing the correct Plan Type. Front desk staff should assist the patient in choosing the correct payment plan. Only one box should be marked in the “payment plan” section.
2. The patient should complete PART 2. “Family Members” should include only members to be covered by the plan. HDA staff should verify that all persons listed in this section are eligible.
3. There are no areas in PART 3 or PART 4 that need to be filled in. The patient should already have been given time to read these parts and ask questions.
4. If applicable, the patient should complete *either* the top and bottom, or the bottom only of PART 5. Please confirm the following:
 - All debit or credit cards are 16 digits. There should be only one digit per box, and every box should be used.
 - All bank routing numbers are 9 digits. There should be only one digit per box, and every box should be used.
 - Bank account numbers vary in length. It is possible that not all boxes will be used.
 - We must have all information. Nothing can be missing.

Front desk staff should review the agreement to make sure there are no errors or omissions.

Front desk staff should collect either the full YEARLY PRICE from the patient, or one-half of the YEARLY PRICE if the patient elected monthly payments.

If monthly payments were elected, the MONTHLY PRICE should be highlighted or circled.

In the box at the top right, the date that the contract starts (today's date) should be entered, as well as the last name of the patient. We will file the contracts according to this.

After everything is completed and the payment is received, a copy of the full contract should be made and given to the patient.

Examples. The figures below illustrate the potential savings if a family uses their plan for the basic, minimum treatments. Savings are significant. If a patient needs full mouth radiographs, there is no extra charge. These savings don't even reflect the additional 15% savings on sealants, fillings, crowns, bridges periodontics!

	Two spouses	One parent and two kids
Two prophylaxis per year per person	376	468
Two period exams per year per person	192	288
Bitewing radiographs as needed	116	174
Flouride treatment (1X/year adults, 2X/year for children)	54	135
Subtotal	738	1065
Plan Cost	580	860
Minimum Savings	158	205