

Regular dental visits improve overall health so we have designed a Membership Plan for our uninsured dental patients to simplify payment for preventative, cosmetic and restorative treatment.

Membership advantages:

Significant discounts
Immediate access to benefits
Unlimited cosmetic and restorative procedures
Use in conjunction with flexible spending and HSA benefits
Automatic membership payments
Your entire family can join
No maximums
No deductibles
No waiting periods
No preauthorizations necessary
No exclusions
No pre-existing conditions
No non-covered services

**ADULT HYGIENE MEMBERSHIP \$39/month for 12 months
\$99 lifetime activation fee (includes 1st month)**

- 2 Check-up Exams
- Oral Cancer Screening
- 2 Adult prophylaxis
- Additional prophylaxis \$97 (\$32 discount)
- 2 Fluoride Treatments
- Diagnostic X-Rays
- 1 CT Scan or panorex x-ray every 5 years per ADA guidelines
- 1 Emergency Exam
- 10% discount on restorative and cosmetic treatment
- \$300 credit for SureSmile or Invisalign orthodontic treatment
- \$50 credit for teeth whitening services

Disclaimer Information

This membership is only for guests with absence of periodontal disease based on ADA guidelines determined by the clinical evaluation of the dentist.

Membership plan is provided exclusively for patients currently not covered by dental insurance. Annual plan fee is non-refundable and non-transferable. This membership plan is NOT a dental insurance policy. It is a discounted payment arrangement provided for services rendered and cannot be used in conjunction with any other insurance plans or discounts. Your club membership is solely with our office and is non-transferrable.

The payment for restorative and cosmetic treatment is due at the time services are rendered. It is solely the patient's responsibility to schedule and keep their appointments. If you miss an appointment it will be your responsibility to reschedule. There will be an additional \$50 charge for any no-shows and less than 24-hour cancellations. Refunds will not be provided for dues paid under any circumstances, including failure to schedule and maintain appointments. Membership dues must be current in order to receive services.

Not every patient will qualify for SureSmile or Invisalign treatment. The \$300 credit for orthodontic treatment would not apply in this case. Eligibility will be determined by the dentist's clinical evaluation based on ADA guidelines.

**PERIODONTAL MAINTENANCE MEMBERSHIP \$69/month for 12 months
\$99 lifetime activation fee (includes 1st month)**

- 2 Check-up Exams
- Oral Cancer Screening
- 3 Adult periodontal maintenance
- Additional periodontal maintenance \$125 (\$34 discount)
- 3 Fluoride Treatments
- Diagnostic X-Rays
- 1 CT Scan or panorex x-ray every 5 years per ADA guidelines
- 1 Emergency Exam
- 10% discount on restorative and cosmetic treatment
- \$300 credit for SureSmile or Invisalign orthodontic treatment
- \$50 credit for teeth whitening services

Disclaimer Information

Membership plan is provided exclusively for patients currently not covered by dental insurance. Annual plan fee is non-refundable and non-transferable. This membership plan is NOT a dental insurance policy. It is a discounted payment arrangement provided for services rendered and cannot be used in conjunction with any other insurance plans or discounts. Your club membership is solely with our office and is non-transferrable.

The payment for restorative and cosmetic treatment is due at the time services are rendered. It is solely the patient's responsibility to schedule and keep their appointments. If you miss an appointment it will be your responsibility to reschedule. There will be an additional \$50 charge for any no-shows and less than 24-hour cancellations. Refunds will not be provided for dues paid under any circumstances, including failure to schedule and maintain appointments. Membership dues must be current in order to receive services.

Not every patient will qualify for SureSmile or Invisalign treatment. The \$300 credit for orthodontic treatment would not apply in this case. Eligibility will be determined by the dentist's clinical evaluation based on ADA guidelines.

**PEDIATRIC (UNDER 14) MEMBERSHIP \$30/month for 12 months
\$99 lifetime activation fee (includes 1st month)**

- 2 Check-up Exams
- 2 Child prophylaxis
- 2 Fluoride Treatments
- Diagnostic X-Rays
- 1 Emergency Exam
- 10% discount on restorative and cosmetic treatment
- \$300 credit for SureSmile or Invisalign orthodontic treatment

Disclaimer Information

Membership plan is provided exclusively for patients currently not covered by dental insurance. Annual plan fee is non-refundable and non-transferable. This membership plan is NOT a dental insurance policy. It is a discounted payment arrangement provided for services rendered and cannot be used in conjunction with any other insurance plans or discounts. Your club membership is solely with our office and is non-transferrable.

The payment for restorative and cosmetic treatment is due at the time services are rendered. It is solely the patient's responsibility to schedule and keep their appointments. If you miss an appointment it will be your responsibility to reschedule. There will be an additional \$50 charge for any no-shows and less than 24-hour cancellations. Refunds will not be provided for dues paid under any circumstances, including failure to schedule and maintain appointments. Membership dues must be current in order to receive services.

Not every patient will qualify for SureSmile or Invisalign treatment. The \$300 credit for orthodontic treatment would not apply in this case. Eligibility will be determined by the dentist's clinical evaluation based on ADA guidelines.

Once you have signed up, your membership is effective immediately. Current patients please contact Dr. McCalley and Dr. Vergel's office to be enrolled. If you are a new patient, we will make a recommendation after your initial exam. You will be eligible for instant savings for restorative and cosmetic procedure after payment of the activation fee. We accept Visa, MasterCard, Discover and American Express credit and debit cards. Please provide an email address for receipts.

Membership plan is provided exclusively for patients currently not covered by dental insurance. Annual plan fee is non-refundable and non-transferable. This membership plan is NOT a dental insurance policy. It is a discounted payment arrangement provided for services rendered and cannot be used in conjunction with any other insurance plans or discounts. Your club membership is exclusive to our office and is non-transferrable.

The payment for restorative and cosmetic treatment is due at the time services are rendered. Appointment times are limited and it is solely the patient's responsibility to schedule and keep their appointments. If you miss an appointment it will be your responsibility to reschedule. There will be an additional \$50 charge for any no-shows and less than 24-hour cancellations. Refunds will not be provided for dues paid under any circumstances, including failure to schedule and maintain appointments. Plan credits for exams, x-rays and hygiene visits do not roll over into additional plan membership years and no refunds will be provided for any unused benefits. Membership dues must be current in order to receive services.

Not every patient will qualify for SureSmile or Invisalign treatment. The \$300 credit for orthodontic treatment would not apply in this case. Eligibility will be determined by the dentist's clinical evaluation based on ADA guidelines.

By signing this agreement I acknowledge that I have reviewed this information and fully understand this is not an insurance policy and there will be no third-party billing. I understand by enrolling in this membership I authorize the Russell W. McCalley, DDS, Inc. to run my credit card the first business day of every month in the amount of \$ _____ starting _____ and continuing until _____. Monthly fees may increase after one year of the date on this agreement.

Membership will auto renew 10 days prior to the end of the membership year unless a written cancellation notice is received from the enrollee. We reserve the right to discontinue this program at the time of renewal.

Printed name

Signature

Credit/Debit card number: _____

Expiration date and CVC: _____

Billing Address: _____

Phone number: _____