

Lone Star Smiles Membership Plan Contract

Adult
\$300

For patients with regular dental cleanings
(no periodontal disease)

Routine Cleanings (Two/Year)

Routine Oral Exams (Two/Year) Bitewing

X-Rays (One/Year)

Full Mouth Series (One/5 Year)

One Emergency Exam per Year (if needed)

15% off all additional services when paid
by cash or check on the day of service

10% off all additional services when paid
by credit card on the day of service

\$250 for Second Family Member

\$200 for each Additional Family Member

Additional \$200 for Perio Plan
(Includes 2 extra perio maintenance visits
DOES NOT INCLUDE SRP'S)

Child/Students
\$250

For Children 18 Years & Under and
Students with ID

Routine Cleanings (Two/Year)

Routine Oral Exams (Two/Year) Bitewing

X-Rays (One/Year)

Fluoride Treatment (Two/Year)

One Emergency Exam per Year (if needed)

15% off all additional services when paid
by cash or check on the day of service

10% off all additional services when paid
by credit card on the day of service

Children 3 years and under \$80

Program Guidelines:

This Dental Plan is not insurance. The program is only offered to individuals and families not currently insured by a dental health plan. Plan is only valid at LONE STAR SMILES. The program benefits are not transferable to another practice or dental special practice. Payment is due at time of service.

- It is a member's responsibility to schedule and keep all appointments offered as part of the dental program.
- Membership is for 1 year beginning on enrollment date. Membership will NOT automatically renew.
- Membership dues are payable in full upon enrollment and are nonrefundable.
- Cash, Check or credit card payments are accepted.
- Payments for additional dental services are the members responsibility. Payment is due on the date of service to qualify for the discounts detailed above.
- Membership must be current to receive the discount.
- Fees for dental services may change at any time.
- Please notify our office at least 24 hours in advance if you must change a scheduled appointment.
- No deductibles, No Pre-authorization, No yearly maximums, No waiting period.
- Discounts cannot be applied to any other specials IE: Oral B Tooth brushes or Whitening.

Membership Plan is provided as a service to our patients without dental insurance. All diagnostic services, radiology, and preventive services are provided at no additional charge to members. All other dental services offered at Lone Star Smiles are offered at 15% reduction of our regular fees when paid by cash or check or 10% reduction when paid by credit/debit card.

1. Lone Star Smiles VIP Membership Plan: This is a dental membership plan and is not to be considered a dental insurance plan. The dental membership plan is for patients without dental insurance and cannot be used in conjunction with a dental insurance plan.

2. ADMITTANCE TO THE PLAN: Members may only be admitted to the plan upon initial signup or annually thereafter on the renewal date unless there is a qualifying event such as death, divorce, marriage, etc.

3. USE OF PLAN AND SERVICES COVERED: This plan may be used at Lone Star Smiles and applies only to dental procedures offered at Lone Star Smiles in Lubbock, TX. The membership plan includes services normally covered in the scope of general dentistry.

4. DENTAL CARE NEEDS TOO COMPLEX: There may be dental care needs beyond the scope of services provided at Lone Star Smiles. Patients with specialty dental care needs will be advised as soon as possible and referred to the appropriate dental specialists. Referred services are not covered by this membership plan. After specialty services are preformed, the patient may return Lone Star Smiles and receive treatment covered under the Membership Plan.

5. MEMBERSHIP DUES: Single or first family member dues are \$300, or \$250 for a single child under the age of 18. Second family member dues are \$250. Each additional family member dues are \$200 each. Children 3 and under dues are \$80. Dues are subject to change annually. A family is defined as a parent as the first member, a spouse (or domestic partner) and/or dependent children under the age of 18 as second or third members. Plan members are subject to immediate termination if found to be in violation of this policy.

6. PAYMENT OF MEMBERSHIP DUES: Membership dues are paid yearly, and are due prior to services being rendered. Yearly dues may be paid with check or credit card, different discounts rates are applied when paying for services with a credit card vs check/cash. Dues must be paid in full and patient's account must be current in order to receive benefits under the membership plan. If payment of dues has lapsed and patient does not want to/is unable to bring the account current, they must wait 12 months from the date of lapse to re-enroll in the plan. Until that time, they can continue to be seen as a patient and will be subject to normal fees.

7. CANCELLATION OF MEMBERSHIP: Notification of cancellation of the plan must be made 30 days prior to the renewal date. There are no refunds for the subscription dues. Patients are not required to receive any recommended treatment that is diagnosed prior to using the benefits included with the membership.

8. NON-TRANSFERABLE: This plan is non-transferable and can only be used for registered members of the plan.

9. PAYMENT FOR SERVICES: Payments for services are due at the time services are rendered.

SIGNATURE OF ACCEPTANCE

Member Signature: _____

Date: _____

Print Name: _____

Print Name: _____

Print Name: _____

Print Name: _____