

**MEMBERSHIP PLAN AGREEMENT**

Child (14 and under)

Definitions

This Membership Plan Agreement (this "agreement") is entered into on \_\_\_\_\_ (the "enrollment date"), between Desert Dental – Ryan M. Wieseler, DDS located at 995 W. Orchard Ave., Hermiston, OR 97838 ("we" or "us") and \_\_\_\_\_ ("you" or "Responsible Party") for services provided to \_\_\_\_\_ ("Member"). Member DOB \_\_\_\_\_

Overview

**This agreement is for a membership plan and is not dental insurance. This membership plan covers only limited, routine services as specifically designated in this agreement.** Desert Dental – Ryan M. Wieseler, DDS is a direct primary care facility that delivers primary care services to our patients through our providers. In exchange for your payment of agreed upon membership fees to us as set forth below, we agree to provide the Member with the Covered Services listed in this agreement. Covered Services not used during any one-year term of this agreement will not be carried over to the next one-year renewal term, if any, transferred to another member, or refunded. A schedule of our current fees for the Covered Services will be provided upon request.

<b>Covered Services each one-year term include:</b>	<b>Additional Benefits include:</b>
<ul style="list-style-type: none"> <li>• 2 Regular exams</li> </ul>	<ul style="list-style-type: none"> <li>• 1 Panoramic or full-mouth x-ray when indicated</li> </ul>
<ul style="list-style-type: none"> <li>• 2 Cleanings</li> </ul>	<ul style="list-style-type: none"> <li>• 1 Emergency visit (includes exam and x-ray)</li> </ul>
<ul style="list-style-type: none"> <li>• 2 Fluoride treatments</li> </ul>	<ul style="list-style-type: none"> <li>• \$25 Athletic mouth guard per year</li> </ul>
<ul style="list-style-type: none"> <li>• 1 Set of bitewing x-rays</li> </ul>	<ul style="list-style-type: none"> <li>• 10% Off all additional treatment</li> </ul>

Enrollment Fee There will be a one-time enrollment fee of \$99 for all new or inactive patients to the practice.

Membership Fees The provider may, at any time and from time to time, in its sole discretion increase the membership fees listed below provided, however, that the provider shall provide written notice of any such increase no later than thirty (30) days prior to the date that such fee(s) will take effect.

- \$28 recurring monthly payment billed automatically to a credit card stored in a secure third-party vault; or
- \$336 recurring annual payment billed automatically to a credit card stored in a secure third-party vault.

The first recurring monthly or annual payment will be due upon signing this agreement. Monthly recurring payments thereafter will be billed on the first day of each month beginning the first day of the first month following the enrollment date. Annual recurring payments thereafter will be billed on the annual anniversary of the Renewal Date.

Renewal Date \_\_\_\_\_

Discount Member will receive 10% off our standard fee for any other recommended or elective services **or goods** purchased in our facility, provided that the entire balance of such discounted fee for such services **or goods** must be paid at the time that such services **or goods** are provided. If member chooses to pay with CareCredit discount will be void.

Renewal and Cancellation The term of this agreement will automatically renew each year on each one-year anniversary of the "Renewal Date" unless either party cancels this agreement. Either party may cancel this agreement with at least 30 days' advance written notice to the other.

Term of Agreement One (1) year initial term; automatic one (1)-year renewal terms; at least thirty (30) days' advance written notice to terminate; automatic termination upon failure to pay membership fees when due.

Termination Fee No termination fee; however, no refund will be issued for the remainder of the month or year, as applicable, for which membership fees were paid.

Acknowledgements

I acknowledge that: (a) this agreement is not dental insurance and cannot be combined with any other insurance or discounts, (b) no refunds or transfers will be given, (c) services will only be provided at the location specified above, and (d) this agreement is effective on the enrollment date and will remain in effect until (1) either party terminates the agreement in writing as provided above or (2) any monthly/yearly payment of membership fees is not made when due.

By signing below, you acknowledge that you have reviewed, understand, and agree to the terms and conditions of this agreement. You authorize this dental office to process your payment(s) as listed in this agreement.

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Provider (or authorized agent)

\_\_\_\_\_  
Date