



1927 Wilmington Drive, Unit 202
Fort Collins, CO 80528
P: 970-484-4850, F: 970-484-2757
E: info@ajfamilydentistry.com

Membership Plan Agreement

Plan Benefits, Fees, Rules, Limitations, and Exclusions

New Patient

\$99 activation fee

Adult Plan (ages 14+)

\$450 per year paid annually

\$38 paid monthly for 12 months

Two cleanings per year (adult prophylaxis-D1110), Two check-up exams per year (periodic eval-D0120), Regular dental x-rays (bitewings-D0274 or D0277, full mouth series-D0210, panoramic-D0330, periapical-D0220 or D0221), Two fluoride treatments (D1206), One emergency exam (for a toothache, broken tooth, or other dental emergency-D0140) and 10% off any additional treatment (excluding implant procedures, orthodontic treatment, CBCT imaging, and products).

Child Plan (ages 0-13)

\$385 per year paid annually

\$33 paid monthly for 12 months

\$33 credit for purchase with an Adult or Periodontal Plan

Two cleanings per year (child prophylaxis-D1120), Two check-up exams per year (periodic exam-D0120), Regular dental x-rays (bitewings-D0272 or D0274, full mouth series-D0210, panoramic-D0330, periapical-D0220 or D0221), Two fluoride treatments (D1206), One emergency exam (for a toothache, broken tooth, or other dental emergency-D0140) and 10% off any additional treatment (excluding implant procedures, orthodontic treatment, CBCT imaging, and products).

Periodontal Plan (ages 14+)

\$825 per year paid annually

\$70 paid monthly for 12 months

Three to four periodontal maintenance appointments per year (periodontal maintenance-D4910), Two check-up exams per year (periodic exam-D0120), Regular dental x-rays (bitewings-D0272 or D0274, full mouth series-D0210, panoramic-D0330, periapical-D0220 or D0221), Two fluoride treatments (D1206), One emergency exam (for a toothache, broken tooth, or other dental emergency-D0140) and 10% off any additional treatment (excluding implant procedures, orthodontic treatment, CBCT imaging, and products).

Rules, Limitations, and Exclusions

- (1) This is a membership plan that offers discounted treatment; it is not a form of insurance therefore is not considered a qualified plan under the Affordable Care Act.
- (2) This membership plan is only valid at Allison Jung Family Dentistry, 1927 Wilmington Dr Unit 202, Fort Collins, CO 80528. Services performed outside the office are not covered.
- (3) New Patient, person who has not been seen here in 2 years or has never been seen here, one-time activation fee of \$99 is paid on the beginning day of the patient's membership plan year via automatic credit/debit payment.
- (4) Annual memberships are paid on the beginning day of the patient's benefit plan year via automatic credit/debit payment. Enrollment in automatic payment is required. Annual memberships require a 12-month contract and renew automatically once a year until plan is canceled by the patient.
- (5) Monthly memberships are paid at time of enrollment then monthly, the first day of each month beginning after enrollment, on a month-by-month basis, via automatic credit/debit payment. Enrollment in automatic payment is required. Monthly memberships require a minimum 12-month contract. Early cancellation will immediately result in additional fees equaling the remaining months of the contract.
- (6) In the event of a declined payment, the patient's membership will be immediately suspended, pending the member updating their payment information and their membership dues paid in full.
- (7) A missed payment will terminate the membership plan and could result in early cancellation fees.
- (8) Members that wish to cancel their plan must submit a letter of cancellation prior to the 1st day of the new contract period. Memberships cannot be canceled by phone or email.
- (9) Early cancellation (less than 12 consecutive months) will result in loss of previously discounted treatment and billing of the remaining balance of the treatment provided.
- (10) Annual payments may change and you will be provided written notice prior to the billing period.
- (11) Early cancellation of a membership plan will result in a cancellation fee equal to the amount of the remaining contract. No refunds will be issued for any unused benefits if an annual membership plan is canceled prior to the expiration date of the membership plan.
- (12) Members CANNOT have any other type of dental insurance/coverage. Obtaining other coverage while a member of the Membership Plans will immediately result in termination of the membership plan. Previously paid fees will not be refunded.
- (13) All fees for services provided must be paid in full at time of service, unless other arrangements have been made prior to service. Third party financing (i.e. Care Credit) cannot be used to pay.
- (14) Periodontal Maintenance patients must sign up for the Periodontal Plan and are not eligible for the Adult Plan. Patients who receive periodontal treatment (SRP - scaling and root planing) while on the Adult Plan will be allowed to finish their current membership plan contract, but will be required to switch to the Periodontal Plan upon completion of the term of their current membership plan.
- (15) Any additional cleanings, periodontal maintenance, exams, or fluoride treatments over the allowed amount in a benefit period are provided at our usual fees minus the 10% discount.
- (16) SRP is not considered a cleaning and is provided at our usual fees minus a 10% discount.
- (17) Members are responsible for receiving treatment within the allotted time frame. Unused benefits will not be refunded.
- (18) Failure to show or cancellation of a scheduled hygiene or periodontal maintenance appointment, without the requested 24 business hours notice, will count as one of your cleaning occurrences and cannot be made up.
- (19) Implant procedures, orthodontic treatment, and CBCT imaging are not included. Products such as toothpaste, toothbrushes, rinses, etc. are not included.
- (20) Rules, limitations, and exclusions are subject to change without notice.

This Agreement contains the entire agreement between the parties, and supersedes any prior written or oral agreements between them concerning the subject matter of this Agreement.

I understand the benefits, limitations, exclusions, and requirements of the membership plan and I agree to the following: fees for dental services are due as the services are rendered. Failure to comply may result in my being charged the usual and customary fees for those services.

By enrolling in an auto-debit contract, you authorize Allison Jung Family Dentistry to, on a recurring basis, automatically charge the debit or credit card account you specified, for the annual or monthly payments on your auto-debit plan associated with your account, on the billing due date. You understand and acknowledge that Allison Jung Family Dentistry will initiate transfers/charges pursuant to this authorization not to exceed the amount shown on your Membership Agreement.

If any portion of this agreement is deemed illegal, void or unenforceable, then the remaining agreement shall remain in effect.

Patient Name: _____

Date: _____

Signature: _____

Relationship to patient: _____