



## **No insurance ... no problem!**

We are implementing this plan to help our non-insured patients.

This is **not** an insurance plan, a PPO, an HMO or dental discount plan.

There are **no waiting periods**.

**No pre-authorizations** for treatment  
and **no benefit maximums**.

**No "loophole"** such as missing tooth clause or treatment being "down coded" by the insurance company to an "alternate treatment."

You will receive the care that both you and your provider decide is best for your health; not the care that the insurance company dictates.

For the cost of a dinner out per month, your membership fee entitles you to members-only pricing on your dental care. Your dental health will determine which club you are eligible for, and will be re-evaluated annually to determine that you still qualify for your enrolled plan.

Patients with active periodontal disease may be required to complete comprehensive periodontal therapy before qualifying for one of the following plans.

## Annual membership covers the following services:



**Adult Membership** (13 yr old and older) This plan is for patients requiring regular cleaning appointments. Patients with a diagnosis of periodontal disease will not qualify for this plan. Cost is \$355.00 per year. (up to \$115.00 annual savings)

- Professional Dental Cleanings - 2 per year
  - Doctor exams - 2 per year
  - Necessary x-rays
  - One emergency exam per year, if needed.
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**Perio Membership** - Presence of Periodontal Disease – For patients enrolled in active periodontal maintenance due to prior treatment of periodontal (gum) disease. Cost is \$540.00 per year. (savings up to \$227.00 annually)

- Perio-maintenance cleanings – 3-4 times per year as determined by Dentist.
  - Doctor exams – 2 per year.
  - Necessary x-rays
  - One emergency exam per year, if needed.
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**Child Membership** – (under the age of 13)  
(Savings up to \$111.00 annually)  
Cost for 1st Child = \$300.00 per yr, each additional Child is \$250.00 per yr.

- Professional dental cleanings (2 per year).
  - Doctor exams (1-2 per year).
  - Necessary x-rays
  - One emergency exam per year, if needed.
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\*12% discount on remaining services, excluding Invisalign cases, implant supported dentures or products. We cannot process the 5% cash discount along with the 12% dental club discount.

# MABRY, AKHRASS & MCCARY, DDS

## DENTAL CLUB ENROLLMENT FORM

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone number: \_\_\_\_\_

### Additional family members:

Spouse: \_\_\_\_\_ DOB \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_\_\_

Adult Membership \$355.00 x \_\_\_\_\_ = \_\_\_\_\_

Perio Membership \$540.00 x \_\_\_\_\_ = \_\_\_\_\_

Child (under age 13) \$300.00 x 1 = \$290.00

Additional children \$250.00 x \_\_\_\_\_ = \_\_\_\_\_

Your 12 month membership fee is due in full upon joining. Membership is effective the date on which payment is received, and terminates the same date the following year. Payment may be made by cash, check or credit card. Memberships are sold only on an annual basis. We are unable to provide refunds or credits on memberships due to the nature of the club and the way benefits are derived from membership. You may not use any type of dental insurance, or managed care dental plan, in conjunction with the discounted services that are provided through the membership. Care Credit may not be used to finance your annual membership fee. If you choose to use Care Credit, to pay your balance on other treatment, that treatment will be billed at our usual and customary fee, without the 12% fee reduction. To enable us to offer you the "interest free" plans with Care Credit, we already take a reduced reimbursement from Care Credit.

Not all dental services are available in our office. In certain instances it may be necessary for your doctor to refer you to a specialist for treatment. The 12% discount on additional services only applies to services provided in our office. Specialists you may be referred to have their own billing and collection policies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date