

QDP MEMBERSHIP REGISTRATION FORM

NAME: _____ DOB: _____

MEMBERSHIP SAVINGS PLAN LIMITATIONS & EXCLUSIONS

- Any services provided for free by a county, government, municipality, or other agency, ie: Medicaid, Veterans Count, Workman's Comp Case's.
- Products and Prescriptions
- Any appliances, diagnosis or treatments conducted by a referral made to another dentist or specialist outside of the providers of our office in order to complete treatments in connection with any dental procedure in this office.
- Any unused benefits during the one year membership cannot be rolled over to another membership year.
- All membership fees are due in full at the time services are rendered.
- No refunds.
- For patients with periodontal disease that require Periodontal Maintenance appointments we will credit the cost of the prophy towards the perio maintenance and additional perio maintenance appointments will be offered the 15% member savings.
- Whitening strips are only included in adult memberships (18 & older). Whitening strips should only be used as directed by your dentist. Whitening strips are not appropriate for all patients.
- Quality Dental Plan patients cannot use their own dental insurance benefits or other dental coverage in conjunction with any part of the Quality Dental Plan Membership.
- Any unused services within the one year Quality Dental Plan Membership are nontransferable to other plan members regardless of the service.

PLEASE READ DISCLAIMER AND SIGN BELOW:

Using Quality Dental Plan (QDP), our office offers significant savings to patients in regard to dental services. Furthermore, I understand the benefits, limitations, exclusions, and requirements of this plan and agree to the following:

- Fees for dental services are due when rendered; and
- Fees for prosthodontics (dentures) and cast restorations (crowns, in-lays, on-lays, veneers) are due in full at the preparation/impression visit.
 - I understand the benefits, limitations, exclusions, and requirements of this plan.
- If I choose not to pay at the time of service, I shall be billed the customary fees for such services. I acknowledge that I am financially responsible for payment.

SIGNATURE: _____ DATE: _____