

# Julie E. Humphries, DDS

## Membership Savings Plan Agreement

This agreement is between Julie E. Humphries DDS, and \_\_\_\_\_(Patient) is established on \_\_\_\_\_,20\_\_\_\_ and will expire on\_\_\_\_\_,20 \_\_\_\_\_.For this period of 12 months Dr.Humphries is pleased to offer the following benefits for annual membership fee. (specified below)

### Plan Types

Hygiene Plan.....\$380 (Saving over \$180 per year)  
Periodontal Plan.....\$700 (Saving over \$200 per year)

- Attend all scheduled appointments at the scheduled times
- Give a minimum 2 business days' notice for rescheduling patients
- Comply reasonably with the Dentist's clinical recommendations

### Patient agrees to

\*\* Payments for service are due at the time of service. To receive the yearly discount, payment must be collected in a single payment at the time of enrollment or yearly renewal.

\*\*No refunds of premiums will be issued at any time if the participant decides not to utilize the dental plan.

\*\*Membership benefits are not transferable, have no cash value, and may not be redeemed for cash.

\*\*Non Refundable-This is a member discount plan and is NOT dental insurance and cannot be combined with any other dental insurance or finance programs such as Care Credit. This membership discount plan is limited to the office of Humphries Family Dentistry. It may also not be combined with other discounts or promotions. Should there be dental treatment needed following any type of injury where a lawsuit & therefore outside medical care, disability or workman's comp type insurance is involved, this discounted plan cannot be used.

\*\* This is not an insurance plan and is not subject to regulation by the state department of insurance.

\*\*Membership fees may be adjusted annually.

Print \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_