MEMBERSHIP ENROLLMENT FORM

Dental savings plan for seniors

Complete this form to enroll in the practice's in-house membership plan. Membership runs 12 months from the activation date. There is no waiting period, no deductible, and no annual maximum.

PRACTICE NAME

PRACTICE PHONE

MEMBERSHIP ID

1 Member information

FULL LEGAL NAME

DATE OF BIRTH

HOME ADDRESS

CITY

STATE

ZIP CODE

PHONE

EMAIL

PREFERRED CONTACT METHOD

EMERGENCY CONTACT NAME

RELATIONSHIP

EMERGENCY CONTACT PHONE

2 Choose your membership tier

☐ **Preventive**

$100 / year

Exams, cleanings, X-rays, fluoride, and sealants.

☐ **Comprehensive**

$150 / year

All Preventive coverage, plus fillings, extractions, root canals, and scaling.

☐ **Advanced**

$200 / year

All Comprehensive coverage, plus dentures, implants, bridges, and crowns.

3 Fee and payment

ANNUAL FEE DUE ($)

PAYMENT METHOD (CARD / ACH / CHECK / CASH)

DATE PAID

MEMBERSHIP START DATE

MEMBERSHIP END DATE

RENEWAL REMINDER DATE

4 Before you enroll a patient

1. Confirm your state dental board's rules on membership plans.
2. Check the discount percentages match your fee schedule.
3. Record the tier and renewal date in your software.
4. Give the member a card and a copy of this form.
5. Set the renewal reminder for 30 days before expiry.

5 Plan terms at a glance

- No waiting period. Discounts start the day you enroll.
- No deductible and no annual maximum.
- Discounts apply at in-house visits only.
- Fees are not refundable once care is received.
- Cannot be combined with insurance for the same service.

DISCOUNT SCHEDULE, CONSENT, AND TERMS

What the membership covers

6 Covered procedures and member discounts

Category	Procedures	Member discount	Tier
Preventive	Exam, cleaning, X-rays, fluoride, sealants	15-25%	All tiers
Restorative	Fillings, extractions, root canals, scaling	20-30%	Comprehensive, Advanced
Major	Dentures, implants, bridges, crowns	25-40%	Advanced only
Cosmetic	Bleaching, veneers, bonding	10-20%	Optional add-on

Set your own percentage inside each range before you print this form, then keep the same figures in your practice management system so staff apply them consistently.

7 Consent, privacy, and authorization

Membership agreement. I am enrolling in the practice's in-house dental savings plan. I understand the annual fee is paid in advance, covers 12 months from the activation date, and is not transferable to another person.

Privacy notice and HIPAA authorization. I have received the practice's Notice of Privacy Practices. I authorize the practice to use and disclose my protected health information for treatment, payment, and health care operations, as permitted by the HIPAA Privacy Rule (45 CFR 164.506).

Membership communications. I authorize the practice to contact me about appointments, recalls, and membership renewal by the method I selected above. I may withdraw this authorization in writing at any time.

Financial responsibility. I am responsible for the discounted balance at the time of service. Discounts apply only while the membership is active and paid in full.

☐ I have read and agree to the membership terms, the privacy notice, and the disclaimer below.

THIS IS NOT INSURANCE

This membership program is a discount program, not dental insurance. It is not regulated as insurance and carries no insurance protections. It is not a Medicare supplement and does not replace any coverage you already hold.

MEMBER SIGNATURE _____ PRACTICE REPRESENTATIVE _____ DATE _____

STAFF USE ONLY

TIER SELECTED _____ ENTERED IN SOFTWARE BY _____ ACTIVATION DATE _____

CARD ISSUED (Y/N) _____