

COLLINSVILLE DENTAL DISCOUNT CLUB

By signing this agreement, I acknowledge I have been furnished information about the Collinsville Dental Discount Club regarding:

- The annual membership fee of \$125.00
- The charges I am responsible for and that I am responsible to pay in full on the day of service in order to receive the discounts
- Included and excluded services
- Discounts received during the 12 months after membership is paid:
 - o Two cleanings at \$95 each during that year (paid in full on the day of service)
 - o All other services if paid in full on the day of service:
 - paid by cash or check - 20% discount
 - paid by debit/credit card - 15% discount

I have been informed of and understand the following:

- The membership fee provides coverage for a period of twelve (12) months from the initial signing date, or the date of the renewal, and must be renewed for benefits to continue
- There is an automatic renewal each year after the initial membership and if cancellation is needed, membership will need to be canceled prior to the renewal date in order to eliminate a possible \$25 cancellation fee.
- Treatment that was started prior to joining the Collinsville Dental Discount Club is not eligible for discounts under this plan.
- Discounts offered by this plan take the place of any other discounts offered by Collinsville Dental Associates for payment on the date of service.

I have read and understand the terms of the Collinsville Dental Discount Club. I understand that Collinsville Dental Associates will automatically renew my membership each year to continue my discounts. I realize there may be a \$25 cancellation fee if I cancel my membership after the renewal date and I am responsible for finance charges added to any balance on my account that is 60 days past due.

Patient's Printed Name

Signature of the Patient or the Responsible Party for the Patient

Today's Date

Date Discount Plan Coverage is Effective

Renewal Date