



The VIP Dental Wellness Savings Club Contract

We want to give our patients without dental insurance a plan that could offer them similar savings, without the hassles of deductibles and claim forms. So, we developed the VIP Dental Wellness Savings Club. By joining the club, you can save 20% off every dental visit....and that's not all! When you join the club, you will receive:

Benefits of the VIP Dental Wellness Club Plan include:

- (2) FREE regular/healthy cleanings including fluoride (a value savings of \$232.00)
- (1) FREE regular dental exams (a value savings of \$115.00)
- (1) FREE oral cancer screening (a value savings of \$60.00)
- (1) FREE set of diagnostic x-rays needed for the exams (a value savings of \$200.00)
- (1) FREE take home custom bleaching kit (a value savings of \$299.00)
- 20% off treatments paid at time of service
- 20% off Orthodontics
- 20% off products offered in the office (certain exclusions apply)

For just **\$42.00** per person per month, you can enjoy over \$906.00 worth of dental services and continue your savings by receiving 20% off every dental procedure per year, and there is no limit to how much you can save! With the VIP Dental Wellness Savings Club there are no complicated forms to fill out, or cards that you need to remember to bring. Simply sign up with one of our friendly, and helpful staff members, and you can start saving on your dental needs that very day. Additional family members can join at **\$34.00** per person per month.

Take advantage of March Dental Care's most popular savings plan and become a member of the VIP Dental Wellness Savings Club. The Dental Wellness Savings Club is not dental insurance it cannot be used in conjunction with ANY dental insurance plan or ANY other discount offers, including financing. There are no refunds with the plan. The plan runs for one year from the date you sign up.

Option 1: Full payment of \$499. These benefits are only for the plan period.

Option 2: Monthly payments of \$42. These benefits are only for the plan period.

I _____ agree to the terms and conditions of the March dental Care VIP Dental Wellness Savings Club. This agreement will be active for one year as of signed date and can only be renewed if a new agreement is signed each year. This is a non-refundable offer.

Patient signature: _____ Printed Name: _____
Office Staff signature: _____ Date Signed: _____