

Contemporary General Dentistry Dental Maintenance Plan

Plan Description

A prepaid annual dental plan offered by Contemporary General Dentistry for your oral health needs.

Eligible Patients

Any subscriber plus family members, including children, teenagers, young adults, adults, seniors.

Annual Cost and Payment

\$500.00 per patient, to be paid up front (save \$100.00).

Or, pay in 12 installment payments of \$50.00/month

Plan Features - Annually

- 2 oral examinations by Dr. Bryan Wilson
- 2 50-minute prophylaxis cleanings
- 1 set of x-rays (bitewings in years 1 & 2 and full mouth series (FMS) in year 3)
- 2 fluoride treatments
- 20% discount on all other necessary treatments to establish and/or maintain the patient's oral health
- 1 emergency visit with Dr. Wilson

- No deductibles to meet.
- No co-payments.
- No waiting period for coverages.
- No exclusions of pre-existing conditions.
- No claim forms to file.
- No hidden charges.
- The above preventative services are at no further cost to you.

Terms and Conditions

- Use our Plan alone or in tandem with your dental insurance benefits.
- Pay by cash, check/money order or major credit card when paid in full.

- Installment payments can be made via automatic debit payments from your bank account or credit card (see details below).
- If periodic payments are not via automatic debit payments, late payments will be subject to late charges in accordance with our Financial Agreement.
- Cancellation requests must be received in writing and must be signed by the primary subscriber. Cancellation requests received by the 15th of the current month will be effective the first of the following month. If cancelled for any reason, we reserve the right to back charge you for the full cost of the oral procedures provided plus a \$50.00 cancellation fee less payments made.
- This annual Plan will renew automatically. On the first of the month purchased.
- This is not an insurance policy.
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Contemporary General Dentistry Enrollment Form

Primary Subscriber Information You may also enroll online at <https://www.bryanwilsondds.com>

Last Name	First Name	M.I.	Gender	Marital Status
Address	City	State	Zip Code	Email
Home Phone	Cell Phone	Date of Birth	Requested Effective Date	
Employer	Address	City	State	Zip Code

ENROLLEES TO BE COVERED

Last Name	First Name	M.I.	Gender	Date of Birth	Relation to Subscriber

CHOOSE YOUR DENTAL MAINTENANCE PLAN

	Monthly	Annual
<input type="checkbox"/> Subscriber	\$ 50.00	\$ 500.00
<input type="checkbox"/> Subscriber plus 1 family member	\$100.00	\$1,000.00
<input type="checkbox"/> Subscriber plus 2 family members	\$150.00	\$1,500.00
<input type="checkbox"/> Subscriber plus 3 family members	\$200.00	\$2,000.00
<input type="checkbox"/> Subscriber plus 4 family members	\$250.00	\$2,500.00

CHOOSE YOUR PAYMENT METHOD AND INCLUDE PAYMENT

- 1. Check or money order – annual payment
- 2. Credit card – annual payment
- 3. Credit card – automatic monthly payments*
 - Visa
 - MasterCard
 - AMEX
 - Discover

- - - /		\$.00
Credit Card Number	Expiration	3-Digit Code	Amount (Annual or 2-months' Premium)

Signature	Date
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*Monthly payments require an initial 2-month payment, with the second month's premium held by Contemporary General Dentistry, and used if automatic withdrawal is unavailable due to insufficient funds.

SIGNATURE _____ DATE _____

Please provide a back up credit or debit card. This is only to be used in the event that your primary source of recurring payment fails and we are unable to reach you after 14 days.

_____ / _____ \$ _____ .00

Credit Card Number Expiration 3-Digit Code Amount (Annual or 2-months' Premium)

Signature

Date

*Monthly payments require an initial 2-month payment, with the second month's premium held by Contemporary General Dentistry, and used if automatic withdrawal is unavailable due to insufficient funds.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Contemporary General Dentistry in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Contemporary General Dentistry may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$40.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

The account information on the enclosed check or listed credit card number is the account from which your premium payment will be withdrawn. Automatic monthly credit card charges begin the month following the effective date of the Plan, and continue on or after the fifth day of each month you are enrolled.

By selecting payment option 3 above, you hereby authorize Contemporary General Dentistry to withdraw the applicable monthly payments in accordance with this Form.