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 \$70 each during that year
 - All other services:
 - 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, please let us know prior to the renewal date. There will be a \$25 reactivation fee added if the patient chooses to reactivate the discount membership once cancelled.
- 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 and I will be charged the \$125 membership on my renewal date. If I choose to cancel my yearly renewal, I realize there is a \$25 fee to reactivate my membership. I am also aware that I will be responsible for any finance charges added to my account for balances that are 60 days past due.

Patient's Printed Name Signature of the Patient or the Responsible Party for the Patient	
Date Discount Plan Coverage is Effective	Renewal Date