



243 Broad Street Milford, CT 06460 P (203) 877-1233 F (203) 876-1166 MilfordCTDental.com

DENTAL WELLNESS PLAN CONTRACT-INDIVIDUAL PLAN
An in-office oral health care discount plan from your trusted dentist

Patient's Name: _____ Patient D.O.B.: ___ / ___ / _____

What's included in your plan:

50% off Preventative services, which include: Prophy (non-periodontal cleanings), exams, x-rays, fluoride.

30% off Basic services, which include: fillings, extractions, root canal therapy, periodontal therapy.

20% off Major services, which include: crowns, bridges, veneers, dentures, partials, sleep apnea devices, lab-made mouthguards.

Please check your chosen plan below:

Individual Monthly Plan

\$20/month (automatically deducted from debit or credit card on 5th of each month for 11 payments + processing fee).

\$20 processing fee. This processing fee is for the processing, servicing and administration of your plan.

The payment due today is \$40. The entire plan will cost you \$260 over the next 11 months.

Payment start date _____ Payment end date _____

Card Number _____ Exp date _____ Card Security Code _____

Individual Annual Plan

\$160/year (annual plan, one payment + processing fee)

\$20 processing fee. This processing fee is for the processing, servicing and administration of your plan.

The payment due today is \$180. The savings for paying in full today is \$80.

We accept cash, check or credit card for your payment in full today.

Please read all the information on this contract and sign below to show that you fully understand and agree with the details of this plan.

- There are NO minimums, maximums, deductibles or pre-existing condition restrictions on this plan!!
- No claim forms or pre-authorizations needed!
- No cards or forms to bring or keep track of. We keep your plan dates in your account!
- No waiting period, use it the same day you sign up!
- The plan DOES apply to cosmetic procedures!
- The plan DOES apply to our sleep care oral appliances!
- The plan keeps your business in Milford and with your trusted, independent provider!
- The plan is valid for one calendar year from date of purchase. (Not retroactive.)
- The Dental Wellness Plan is an in-office discount plan, not insurance.
- The discount is calculated based on our fees on the date of service, which are subject to change at any time.
- It cannot be used in conjunction with any other discount or any insurance.
- Fees must be paid in full on the date of service to receive the discount.
- The plan can only be used for treatment at Robert T. Kroepel, Jr. DMD PC; it does not extend to any other provider or office.
- The discount does NOT apply to our administrative fees such as collections and broken appointments, etc.; our office retail items such as Sonicare toothbrushes, Opalescence, Zoom or Kor Whitening, Prevident, over the counter mouth guards or Charlotte's Web products. Discounts do not apply to the Ares home sleep study fee, which is already discounted.

Cancellation policy: This contract can be canceled without penalty within 3 business days per Connecticut state law. If no services have been rendered the fee is refunded in full. If any services have been performed, the refund will reflect the used portion of the plan and will be deducted from the initial fee.

Plan date begins: _____ Plan date ends: _____

Signature: _____ Date: _____

(Patient or Guardian)

Printed Name: _____