



## Membership Savings Plan Program Outline

Your oral health is our priority. We wish to provide affordable access to dental treatments for individuals and families. The Firefly Family Dentistry Membership Savings Plan offers our patients access to quality preventative care at reduced rates as well as special discounts on all other services offered by Firefly Family Dentistry.

\_\_\_\_ (Initial) **I understand this plan can only be used at Firefly Family Dentistry. It is non-refundable, and cannot be used with any insurance, discount, or third-party credit company such as CareCredit.**

\_\_\_\_ (Initial) **I understand missed appointment fees apply to appointments cancelled without 48 hour notice.**

\_\_\_\_ (Initial) **I understand this is not dental insurance. I will receive up to a 15% discount off the full cost of dental services not included under this plan as outlined below (such as sealants, fillings, crowns, root canals, extractions, etc.).**

\_\_\_\_ (Initial) **I agree to all the guidelines and disclaimers below.**

### *Membership Guidelines:*

- Participants must be a patient of Firefly Family Dentistry, or become established as a patient.
- Membership begins on enrollment date for a one-year period of time. Unused benefits are not carried over or refunded.
- Coverage begins when annual fee is paid in full at time of enrollment.
- Membership fee is non-refundable.
- Membership may be purchased at the end of an appointment and applied to that date; however, it may not be back dated.
- Membership will automatically renew on the anniversary of enrollment unless a written request is received at least 30 days prior to the renewal date.
- Services provided lie within Firefly Family Dentistry's realm of expertise, and can vary by patient. Not all services a patient may need can be provided by Firefly Family Dentistry.
- Member benefits only apply when membership plan is paid in full, or payments are current and being paid per agreement. Treatments diagnosed while patient is an active plan member will only be eligible for plan discounts if patient is still an active plan member when treatment is completed.
- All payments for services are the sole responsibility of the patient and/or guardian. Payments for services not covered by membership fee is due in full on the date of service. No discounts will be applied if full payment is not received on the date of service.
- This plan may not be combined with any other offers, discounts or advertisements, including Care Credit or special incentives offers for services by Firefly Family Dentistry.
- The discounts available through the membership plan are valid only at Firefly Family Dentistry and solely apply to services provided. The membership discounts do not apply to products, missed appointment fees, or returned check fees. This plan will not cover any specialist or other dental care facility besides Firefly Family Dentistry, even if referred by our practice.
- \*Implant services, clear aligners, complex comprehensive treatment plans, and cosmetic procedures may be excluded and will be treatment planned on a case-by-case basis. These services are not automatically eligible for the standard discounts in this plan.

- It is each members' responsibility to schedule and keep their appointments. Our office requires a 48-hour cancellation notice. Should proper notice not be provided to our office, the appointment and services may be deemed delivered and will not be refunded. No refund will be given for appointments canceled, rescheduled or not attended with less than 48-hour notice.
- All missed appointment fees outlined in Firefly Family Dentistry's financial agreement apply to this membership plan.
- If patient prefers to pay by any method other than the credit card provided in this agreement, Firefly Family Dentistry will need to receive the payment at least 5 business days prior to the payment due date, otherwise the credit card on file will be processed.
- "Child" plan is defined as anyone below age 18, "Adult" plan is defined as anyone 18 years or older.
- Patient is not eligible for "Adult" plan if patient has been diagnosed with periodontal disease requiring SRP or Periodontal Maintenance. This patient is only eligible for any "Periodontal" plan.
- Should a patient be diagnosed requiring treatment with the "Periodontal" plan while a member of the "Adult" plan, the membership paid during the current plan year will be applied to the cost of any "Periodontal" plan.

*Disclaimer:*

- This is a dental membership plan offered by Firefly Family Dentistry.
- This is NOT dental insurance. Firefly Family Dentistry is not a licensed insurer, health maintenance organization, or other underwriter of health services.
- Membership program is only for patients without insurance, or patients that do not wish to utilize their insurance. If patient obtains dental insurance after becoming a member and elects to use it at Firefly Family Dentistry, membership will automatically terminate, but dues paid for membership will not be refunded.
- If patient is on a payment plan and terminates the plan within the plan year or defaults on payments, Firefly Family Dentistry will calculate the amount the patient has paid into the plan during the current membership period. If this amount is less than the full fee value of services covered by the membership plan, patient will be responsible for the difference in cost.
- Patient may terminate the policy within 30 days of enrollment for a full refund, as long as no treatment has been started. If services are rendered, Firefly Family Dentistry will calculate the amount the patient has paid into the plan during the current membership period. If this amount is less than the full fee value of services covered by the membership plan, patient will be responsible for the difference in cost. No refunds will be given after 30 days of enrollment.
- If paying with a credit card, the amount indicated will be charged on the selected day of the month, or the following business day. If the charge is declined, it will be attempted for 2 days. If after the third attempt the charge is still declined, the membership will be void and no further discounts will be available until the account is brought current. Any unused benefits during this time are relinquished. Any scheduled future appointments will be canceled and cannot be rescheduled until account is in good standing. It is the member's responsibility to notify Firefly Family Dentistry of any changes in billing information, including expired credit cards.
- Any dental treatment needed following any type of injury where a lawsuit or worker's compensation claim are involved (and outside medical, car, disability, or worker's compensation type insurance are involved), the membership plan cannot be used and discounts will not apply.
- Plan Terms are subject to change at renewal.
- Fees may change at any time without notice.
- Firefly Family Dentistry's owners reserved the sole right to add, modify, delete or change this offer at any time via a notice posted at its place of business.

### Membership Plan Included Services

The following service codes listed below are included in the membership plan at the quantity outlined:

	Adult Prophylaxis	Child Prophylaxis	Debride then Prophylaxis	SRP then Periodontal Maintenance	Periodontal Maintenance x4	Periodontal Maintenance x2
D0150 or D0120 – Comprehensive or Periodic Exam	2	2	2	2	2	2
D0140 – Limited Exam	1	1	1	1	1	1
D0220 – Periapical X-ray	2	2	2	2	2	2
D0230 - Periapical X-ray	2	2	2	2	2	2
D0272 – 2 Bite Wing X-rays		1				
D0274 – 4 Bite Wing X-rays	1		1	1	1	1
D0330 – Panoramic X-ray (per 3 years)	1	1	1	1	1	1
D1110 – Adult Prophylaxis	2		1			
D1120 – Child Prophylaxis		2				
D1206 – Fluoride	2	2	2	2	2	2
D4341 – Scaling and Root Planing				4		
D4342 – Scaling and Root Planing				4		
D4355 – Debridement			1			
D4910 – Periodontal Maintenance				2	4	2
FUPER - Follow Up Appointment			1	1		

Firefly Family Dentistry  
Membership Plan Agreement

Date of Enrollment: \_\_\_\_\_

Coverage Dates: \_\_\_\_\_

**Plan(s) Selected:**

- Adult Membership Plan for patient(s): \_\_\_\_\_
- Child Membership Plan for patient(s): \_\_\_\_\_
- Periodontal (4) Membership Plan for patient(s): \_\_\_\_\_
- Periodontal (2) Membership Plan for patient(s): \_\_\_\_\_
- Debridement and Adult Membership Plan for patient(s): \_\_\_\_\_
- SRP and Periodontal Membership Plan for patient(s): \_\_\_\_\_

**Purchase Summary:**

	Qty	Cost Per Plan	Total Due
Adult Membership Plan		\$370	
Child Membership Plan		\$260	
Debridement and Adult Membership Plan		\$525	
SRP and Periodontal Membership Plan		\$1,400	
Periodontal Membership Plan x4		\$750	
Periodontal Membership Plan x2		\$475	
<b>Total</b>			

By signing this agreement, I consent to and understand all terms of the Firefly Family Dentistry Membership Plan. I am responsible for all financial commitments of this plan. I authorize Firefly Family Dentistry to process payment(s) as indicated in this agreement.

\_\_\_\_\_  
Name (written)

\_\_\_\_\_  
Signature

Firefly Family Dentistry Representative Name: \_\_\_\_\_

Responsible Party Patient ID#: \_\_\_\_\_