

Dental Savers Membership Enrollment Form Perio Package

Enrollment Fee: \$249

Benefits: Unlimited oral exams
Periodontal evaluation
Unlimited Digital X-Rays
Unlimited Emergency Office Visits
Periodontal Care (Unhealthy gums): Reduced 20%
Cosmetic Procedures: Reduced 20%
All General Dentistry Procedures: Reduced 20%
Braces/Invisalign: Reduced 20%
Implants: Reduced 20%

Primary Member: _____

Address: _____

Phone Number: _____

Alt. Phone Number: _____

Email: _____

I acknowledge and agree to the terms and conditions of Pflugerville Family Dentistry- Dental Savers Membership. I understand this is not an insurance program.

Signature: _____

Date: _____

Terms and conditions

1. Membership is valid for a one-year period from the date of purchase/enrollment. The annual Membership setup fee is due at enrollment and is NON-REFUNDABLE or transferable. It is NOT an insurance plan and can only be used here at Pflugerville Family Dentistry.
2. It is the sole responsibility of the member to maximize their benefits by arranging all the appropriate appointments within the 12-month membership period. If the appointments are not used, the member will not be entitled to a refund.
3. The discounted rates do not apply for dental or orthodontic services that are covered by and can be billed to any insurance program that a patient has. Patients who have dental insurance coverage and/or worker's compensation coverage for dental will have all rates for such dental services determined by the insurers and/or as otherwise determined by PFD for services provided outside the dental program.
4. Discounts under your membership do not apply to any treatment prior to joining.
5. Cannot be used in conjunction with another dental plan or insurance.
6. Cannot be used for hospitalization or hospital charges of any kind and can't be used for services covered under workman's compensation.
7. Cannot be used for treatment which, in sole opinion of treating dentist or doctor, lies outside their realm of capabilities.
8. Cannot be used for referral to specialists.
9. Any bill received for dental services received must be in paid in full at the time the services are rendered for discounts to apply.
10. Pflugerville Family dentistry reserves the right to change covered services under the Dental Savers Membership and other terms and conditions, including, but not limited to, the discounted fee schedule, at its sole discretion.
11. Pflugerville Family Dentistry reserves the right to increase the annual membership fee. In the event of a price increase, existing members will not be charged any additional fees until their yearly renewal, at which time the current membership price will apply.
12. Pflugerville Family Dentistry reserves the right to terminate any member's membership at its sole discretion.
13. This agreement shall be construed under the laws of Texas, and all obligations of the parties created hereunder are performable in Travis County, Texas.
14. This agreement constitutes the sole and only agreement by and between the parties. It supersedes any prior understandings or written or oral agreements between the parties concerning the subject matter discussed herein. Member acknowledges that any modification to this agreement must be in writing and signed by both the member and Pflugerville Family Dentistry.
15. Any and all disputes, controversies, claims, or demands arising out of or relating to this agreement of any provision hereof, the providing services by Pflugerville Family Dentistry to the member, or in any way relating to the relationship between Pflugerville Family Dentistry and member, whether in contract, tort or otherwise, at law or in equity, for damages or any other relief, shall be resolved by binding arbitration pursuant to the Federal Arbitration Act in accordance with the Commercial Arbitration Rules then in effect with the American Arbitration Association. Any such arbitration proceeding shall be conducted in Travis County, Texas. This arbitration provision shall be enforceable in either federal or state court in Travis County, Texas, pursuant to the substantive federal laws established by the Federal Arbitration Act. Any party to any award rendered in such arbitration proceeding may seek judgement upon the reward.
16. In the event a motion or litigation is filed or initiated pursuant to this agreement for any reason, member shall be responsible for any and all costs, attorney fees and interest associated with the preparation of and filing of the motion and/or litigation at the rate of \$300.00 per hour. Member has read this entire agreement and agrees to the terms and conditions set forth herein. There are no other agreements regarding this matter, oral or otherwise, between member and Pflugerville Family Dentistry.