

Dental Buddies Membership Terms and Conditions

I (Guarantors Name) _____ have willingly enrolled my child/children (patients name) _____ into the Dental Buddies membership Program as of _____.

_____ I understand and agree to the programs **1-year contract commitment** that will be fulfilled by _____.
If canceled prior to 1-year, I understand that I will be charged membership dues for the remainder of the 1-year contract.
After the 1-year contract, the program will continue on a month-to-month basis and can be canceled without a penalty. If I choose to re-enter the program 1-year after cancelation, I will be responsible for the activation fee.

_____ **Activation Fee:** I agree to the one-time activation fee of \$199. The activation fee may be waived as a promotional offer for new patients within 5 business days from first appt. **Authorized signature required:** _____

_____ **Payment Authorization:** I authorize Dental Buddies of Vero Beach to charge my credit/debit card ending in _____ for the membership dues of **\$35** each month. It is my responsibility to keep my credit/debit card information up to date with Dental Buddies of Vero Beach.

_____ **Missed Payment Policy:** I understand that payments will be automatically processed on the _____ day of the month. Any credit card changes must be made 5-business days prior to payment due date. The due date cannot be altered or changed, late payment fees will apply in the amount of **\$15 if payment is late**. I understand that this fee will not be waived. I also understand that a lapse of 28 days in dues will result in termination of the membership and that the early termination penalty will apply.

_____ **Refund Policy:** It is solely the responsibility of the patient/Guarantor to schedule and maintain appointments. No refunds will be provided for dues under any circumstances, including failure to maximize on program benefits.

_____ **Monthly Membership Dues:** I understand that the current dues are \$35 and if the monthly dues increase, I will be grandfathered into the agreed amount of \$35. If I terminate my membership and choose to re-enroll, I understand I will be responsible for the rates of the membership at the time of re-enrolling and any activation fees.

_____ **Privacy Policy:** This program as well as all information pertaining to the patient and guarantor are protected under the HIPAA privacy act. Your information will not be disclosed to anyone under any circumstance without written consent. A copy of your rights is displayed in our patient Lobby.

_____ **Exclusions:** Age limitations – Must be 17 or under to enroll in program, I understand that upon my child turning 18 they will be graduated into Dental Partners of Vero Beach (adult practice) and Buddies Membership will expire.

_____ **Benefit Details:**

- 2 Professional Dental Cleanings (Prophy) per year
- 2 Dental Exams per year
- 1 Emergency Exam per year (If needed)
- 1 Panoramic Xray per 3 years
- 1 set of Bitewing Xrays per year
- All PA Xrays covered at 100% with active memberships
- 20% discount on all restorative treatment (all restorations will have 1year replacement warranty)
- 20% discount on Nitrous, this benefit excludes any Sedation fees.
- 20% on all other pediatric services (No Benefits will be applied to Implant services)
- 10% off all Ortho cases referred to Dr. Jenna Schwibner over at DPVB. This ortho Benefit is non-transferable to any outside provider.
- **NO DEDUCTIBLES, ANNUAL MAXIMUMS, WAITING PERIODS**

PATIENT/ GUARANTOR'S SIGNATURE

DATE

BUDDIES AUTHORIZED SIGNATURE

DATE