



## CLARK FAMILY DENTAL PLAN

1. Only for families with no dental insurance coverage.
2. All standard practice policies and procedures apply.
3. Enrollment Fee: based on patient age as of enrollment date.
  - a. 2 and under: \$194
  - b. 3 to 13: \$339
  - c. 14 to 18: \$386
  - d. These represent an approximate 15% discount.
4. The entire family must have the same enrollment date.
5. This enrollment fee entitles your child to 2 pre-paid recall (cleaning) appointments per year at an approximate 15% discount and a 10% discount on dental work (dental fillings, sealants, nerve treatments, crowns, etc).
6. Plan enrollment will commence on the day we receive payment; we must receive full payment prior to scheduling a cleaning appointment.
  - a. Your enrollment date will be the month in which you enrolled.
7. Twice yearly recall appointments include:
  - a. Teeth cleaning:
    - i. 3 years and under polishing dependent upon cooperation.
    - ii. Does not include deep cleanings (periodontal treatments).
  - b. Fluoride.
  - c. Examination.
  - d. X-rays: taken according to AAPD guidelines.
  - e. If you elect to opt out of one or more of these services, you will not get a discount off the enrollment fee.
  - f. **During your enrollment year you must complete both recall appointments.**

7810 providence road • suite 100 • charlotte, nc 28226 • 704.543.3766 • fax 704.543.3768

8. Cleaning Obligations:

- a. School time cleaning: One cleaning must be on a day when Charlotte Mecklenburg Schools are in session between the hours of 10am and 1pm.
- b. Twice Yearly Cleanings: You must have your teeth cleaned twice per year. If you miss a cleaning you will void this contract.
- c. If at your enrollment anniversary you have not fulfilled your cleaning obligations listed above, you will be billed retroactively the full (non-discounted) fee for all services rendered (cleanings and dental treatment).

9. Treatment Discount:

- a. 10% on all treatment during the enrollment period.
- b. If you do not fulfill your cleaning obligations, you will also not receive the treatment discount.
- c. Periodontal scaling or deep cleanings will be billed at the 10% discount.
- d. If a treatment plan has not been completed at the enrollment anniversary, to continue to receive the 10% discount, re-enrollment for the next year is required.

10. Early termination:

- a. If you request to terminate your plan early you will be billed at the standard (non-discounted) fees for all services rendered after the enrollment date.
- b. Exceptions will be considered on an individual basis and final determination will be made by Dr. Clark.

I have read the Clark Dental Plan and understand the terms of this contract. I understand that if I do not fulfill my obligations, the contract is nullified and I will be retroactively billed at standard rates for all treatment my child has received. Any outstanding balances can be sent to a collection agency.

Responsible Party Name Printed: \_\_\_\_\_

Responsible Party Signature: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

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

Patient Age: \_\_\_\_\_

Payment: \_\_\_\_\_