



New Day Dentistry PLLC Membership Program

Patient Name: _____

DOB: _____

In an effort to make quality dentistry more accessible to our patients, we are pleased to introduce the New Day Dentistry Membership Program (herein known as the "Program"). This Program includes several services at no additional cost and offers discounts of up to 40% to our uninsured patients and their families. We hope this helps you to receive the dental care you need and want! We encourage our patients to direct any questions regarding this Program to our administrative team.

By signing and accepting this agreement, you acknowledge that you have read and agree to the following:

- 1.) The fee for this program is \$349 per year per adult, or \$225 per year for children 12 years of age and younger.
- 2.) This fee will enroll one patient but may be purchased for all members of a family separately.
- 3.) All fees are due at time of signing.
- 4.) This Program entitles the member to the following services at any New Day Dentistry PLLC office in Colorado at **no additional fee**:
 - Two exams per contract year.
 - One set of bitewing x-rays per contract year (this does not include panoramic, full mouth series or CBCT 3D Scan).
 - Single diagnostic images or x-rays, as recommended by your treating dentist
 - Two hygiene visits per year which may include ONE of the following:
 - Two prophylaxis cleanings per year (standard cleaning, CDT code D1110, D1120)
 - One Full Mouth Debridement (for patients needing more than a standard cleaning, CDT Code D4355) + one standard adult cleaning (CDT Code D1110).
 - Two Periodontal Maintenance cleanings (when a patient has a history of Periodontal Therapy, CDT Code D4910)
 - One fluoride treatment per year for contracted children 12 years of age and younger.
 - Automatic enrollment in the reduced fee schedule titled "New Day Dentistry Membership Program", which allows a 10-40% fee reduction on services performed in any New Day Dentistry PLLC office in the state of Colorado.
- 5.) Scaling and Root Planing (Periodontal Therapy, also known as a "deep cleaning" or "SRP", CDT Code D4341, D4342) is not covered in the "two cleanings per year" allowance. Program members needing Scaling and Root Planing will receive a reduced fee.
- 6.) The Program and any fees quoted will expire one year from the Effective Date and may be renewed at any time thereafter. Any unused benefits will be lost on the Expiration Date.
- 7.) Our Standard Fees will be made available to enrolling members for comparison by request.
- 8.) Payment must be made at time of service for all treatment. Should additional, unplanned treatment become necessary, our office will require verbal (and often written) consent. Fees will be discussed in advance whenever possible.
- 9.) Any fees quoted are applicable to work performed by a New Day Dentistry PLLC dentist or dental care provider only. Members who are referred to a non-affiliated specialist will be responsible for the specialist's fees.
- 10.) All Program and treatment fees are non-refundable upon signing of this agreement. Program benefits are non-transferable and cannot be shared or sold.

My signature below indicates that I have read, understand and agree to the above and would like to enroll in The New Day Dentistry Membership Program. I understand that this is not an insurance plan and can only be used within participating New Day Dentistry PLLC locations in the state of Colorado. I was given the opportunity to ask questions and have had them answered sufficiently.

Signature of Patient (or Guardian)

Effective Date (Today's Date)

Office Staff Witness: Sign and Print

Expiration Date