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## Cedar Point Dental Membership Agreement

### Responsible Party

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

### CEDAR POINT MEMBERSHIP INCLUDES

- \* Up to two exams, routine cleanings and necessary x-rays
- \* 1 Emergency care visit: exam and necessary x-rays
- \* Oral cancer screening
- \* Periodontal diagnostic screening
- \* Diagnostic Photographs
- \* Restorative and cosmetic consultations
- \* Up to two fluoride treatments when indicated
- \* Nitrous Oxide at no additional charge for children
- \* Full mouth whitening treatment only \$149
- \* 15% discount on all other dental and periodontal treatment

### Member Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

### Membership Fees

Adult New Patient: \$350 First Year      Number Enrolling \_\_\_\_\_  
Existing Adult Patient: \$300/year      Number Enrolling \_\_\_\_\_  
Children (ages 1-5): \$200/year      Number Enrolling \_\_\_\_\_  
Children (ages 6-17): \$250/year      Number Enrolling \_\_\_\_\_

Annual Membership fee total \_\_\_\_\_

## Plan Terms and Conditions

1. This is a dental membership plan, not insurance. It can not be combined with any other insurance. It is only valid at Cedar Point Dental; other providers and specialists are not included. Plan fees are subject to change.
2. In you are a current patient enrolling in our membership plan, your account must have a zero balance.
3. The plan is not retroactive and will become effective on the date of enrollment.
4. It is the member's responsibility to utilize the services within their plan year limit. Any unused benefits will not be carried over or refunded. This plan is not transferable to another individual.
5. In exchange for the care provided under this plan, the covered member agrees to pay all balances in full at the time of treatment. If treatment is not paid in full, the 15% discount may be void. Credit card payments will reduce the discount to 12%.
6. The member can opt out of the plan for a full refund within 30 days of enrollment as long as no treatment has been provided.
7. Services are based upon a plan year. The full membership fees are due on the date of enrollment and eligibility remains active 12 months from that enrollment date. There are no waiting periods. Your membership can be renewed at the end of each plan year.
8. A cancellation fee will apply for appointments that are either failed or cancelled without 24 hours notice.

