

# Macclenny Dental Club Application

Circle **Bronze** or **Gold** or **Platinum Club**      How many Club Members? \_\_\_\_\_

Name \_\_\_\_\_ DL# \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ DOB \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

2nd Member \_\_\_\_\_ DOB \_\_\_\_\_

3rd Member \_\_\_\_\_ DOB \_\_\_\_\_

4th Member \_\_\_\_\_ DOB \_\_\_\_\_

5th Member \_\_\_\_\_ DOB \_\_\_\_\_

6th Member \_\_\_\_\_ DOB \_\_\_\_\_

ID \_\_\_\_\_

I understand that this is NOT dental insurance and is only valid at this office. I recognize this plan is for a period of 12 months and will continue each month after that until I cancel. I understand and agree to the following: This membership may be canceled at any time as long as no benefits have been received. All fees for dental services are due as services are rendered. Membership must be continuous and no payments are refundable under any circumstances. Once benefits have been provided, I may cancel this membership after 12 monthly payments by providing notice in writing. I understand that if all monthly payments are not made as agreed, any previous discounts may be charged back to my account and I shall owe for services as if I had no membership benefits. I also agree to pay any collection or attorney fees if my account becomes delinquent. I also affirm that I fully understand the benefits, limitations, exclusions and requirements of the plan I have chosen. Any questions can be addressed to Macclenny Dental Club, 571 S. 6<sup>th</sup> Street, Macclenny, FL 32063 or emailed to info@MacclennyDentalClub.com

I authorize the payment of \$ \_\_\_\_\_ monthly as a club membership fee to begin on \_\_\_\_\_ and then on the same day of each month thereafter by \_\_\_\_\_

VISA / MC / DISC / ACH Debit (circle one).

Signed \_\_\_\_\_ date \_\_\_\_\_

### DENTAL LIMITATIONS AND EXCLUSIONS

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| <ol style="list-style-type: none"> <li>1. Services which in the opinion of the attending dentist are neither necessary nor recommended for the patient's dental health.</li> <li>2. Restorations, splints or other appliances used to increase vertical dimension or restore occlusion.</li> <li>3. Oral surgery requiring the setting of fractures or dislocations.</li> <li>4. Treatment of a malignancy, cyst or neoplasm or congenital malformation, except a congenital anomaly of a tooth or teeth covered from birth.</li> <li>5. Dispensing of drugs not normally supplied in a dental office.</li> <li>6. Hospital benefits for any dental procedure.</li> <li>7. Loss or theft of dentures or bridgework.</li> <li>8. Any experimental procedures.</li> <li>9. Services for injuries or conditions which are covered under Worker's Compensation or Employer's Liability laws.</li> <li>10. Services which are provided without cost to the member by any municipality, county or other political subdivision.</li> <li>11. General anesthesia.</li> <li>12. Services that cannot be performed because of the general health, physical or psychological limitations of the patient.</li> </ol> | <ol style="list-style-type: none"> <li>13. Specific procedures which are referred to a Periodontist, Endodontist, Pedodontist, Orthodontist or Oral surgeon.</li> <li>13. Those procedures requiring appliances or restorations that are necessary for full mouth rehabilitation, or to alter, restore or maintain occlusion, including without limitation, treatment of disturbances of the temporomandibular joint.</li> <li>14. Demonstrated non-compliance or non-cooperation by the member with recommended course of treatment.</li> <li>15. Diagnosis and treatment of myofacial pain dysfunction.</li> <li>16. Procedures performed in the hospital.</li> <li>17. Plan members may not have other dental plan coverage.</li> <li>18. If the member relocates to another area and is unable to receive treatment from our office, membership will end on anniversary date after notice is given in writing of such move.</li> <li>19. Additional fees may be charged for: a) Gross and consistent non-cooperation by the patient/member. b) Accidents occurring during the treatment. d) Cases involving myofunctional therapy. e) Cases involving temporomandibular joint treatment. f) Cases involving unusual costs or lab fees.</li> </ol> |
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# Dental Club Member Benefits

We have 3 different plans to meet your needs for as little as 49¢ a day.

Our best plan is less than three dollars a day per person for your entire family!

All Plans include automatic discounts on ALL Dental Services provided by our office.

## Bronze member benefits include:

- **Includes** FREE annual prophylaxis cleaning
- Exams, X-rays & Preventive services \* **discounted 35%**
- Filling, Root Canals, Periodontal & Oral Surgery \* **discounted 25%**
- Crowns, bridges, dentures, partials and implants \* **discounted 15%**
- **24/7 access to doctor via his cell phone number and SMS**

100% off D1110-D1120 (Free per year)  
 35% off D0001-D0399, D1001-D1999 (Preventive)  
 25% off D0401-D0999, D2001-D2399, D3001-D4999, D7001-D9999 (Basic)  
 15% off D2401-D2999, D5001-D6999 (Major)

## Gold member benefits include:

- **Includes** FREE semi-annual prophylaxis cleanings
- Exams, X-rays & Preventive services \* **discounted 45%**
- Filling, Root Canals, Periodontal & Oral Surgery \* **discounted 35%**
- Crowns, bridges, dentures, partials and implants \* **discounted 25%**
- **24/7 access to doctor via his cell phone number and SMS**

100% off D1110-D1120 (Free every 6 months)  
 45% off D0001-D0399, D1001-D1999 (Preventive)  
 35% off D0401-D0999, D2001-D2399, D3001-D4999, D7001-D9999 (Basic)  
 25% off D2401-D2999, D5001-D6999 (Major)

## Platinum member benefits include:

- **Unlimited** dental examinations & x-rays (never pay extra)
- **Includes** FREE semi-annual prophylaxis cleanings & fluoride treatments
- All Other Preventive services \* **discounted 75%**
- Filling, Root Canals, Periodontal & Oral Surgery \* **discounted 50%**
- Crowns, bridges, dentures, partials and implants \* **discounted 33%**
- **24/7 access to doctor via his cell phone number and SMS**

100% off D0001-D0399, D1001-D1299 (Free)  
 75% off D1301-D1999 (Preventive)  
 50% off D0401-D0999, D2001-D2399, D3001-D4999, D7001-D9999 (Basic)  
 33% off D2401-D2999, D5001-D6999 (Major)

\* unlimited (no maximum amount)

Monthly	Dental Club Membership Dues		
	Bronze	Gold	Platinum
Single	\$19	\$59	\$89
Couple	\$29	\$99	\$149
Family	\$37	\$129	\$189
Extra Child	\$6	\$19	\$25

## Discounts of 15-100% on All Dental Services

After 29 years of fighting insurance companies on behalf of our patients, we are creating our own private dental membership club plan! Although **This is NOT Dental Insurance**, many have told me that what we are offering is even better. Someone asked me, "What made you decide to do this?" I think it was that "one too many" call we had to make explaining that "your insurance company has rejected the charges for services we have already provided and that means **you owe us that money.**" I can honestly say we have made thousands of similar contacts over the years, therefore, saying goodbye to hundreds of thousands of "write-off dollars." As you can imagine, the usual response from our patients is, "the insurance company should have paid it and I'm not going to!" In retrospect, we have always been at the mercy of the plan administrator and their hidden rule book. Their contract has always been between them and their member (my patient), and it always seems as though there wasn't enough money to pay claims and shareholders. **Can you imagine a plan with no deductibles**, no calendar year max, no waiting period, no exclusions, no calling to verify coverage, no yearly increase in your monthly premiums? Your affordable monthly membership fee will never increase as long as you keep your plan.

Let's face it; dental insurance hasn't changed much in the last 50 years, and those few changes have made it worse! Why? Because it is NOT insurance! Insurance is safeguard against an unforeseen future problem; but an insurance adjustor, with a quick glance at your dental x-rays, can tell if you will be costing them money or making them money. Since traditional dental plans only pay a percentage of a reduced fee schedule and because of low yearly limits (average \$750) they are poorly utilized and hence, only a fraction of what you pay into the plan is used for actual dental care. The majority of your premiums go to administrators and shareholders. It will be very different with our "membership only" dental club where every dollar that you pay will go directly to your dental care provider. We will be able to offer you more benefits and at a lower cost than most traditional dental plans. With our private membership club plan, which is NOT dental insurance, you will save from 15% to 100% off of our normal competitive fees. We believe these plans will allow many more people to afford the care they really need. Like any other dental plan, we will be collecting monthly membership fees, which will help offset the lower incomes we will experience by providing such large discounts. This will allow us to continue to offer the highest quality of dental care at a substantially reduced cost. For more information please call 904-653-3333 or you may print an application at [www.MacclennyDentalClub.com](http://www.MacclennyDentalClub.com)