

JHK Private Dental Discount Plan

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer information: \_\_\_\_\_  
\_\_\_\_\_

Credit Card Number/ Name on the Card: \_\_\_\_\_ / \_\_\_\_\_  
Expiration Date/ 3 Digit Code: \_\_\_\_\_ / \_\_\_\_\_

Please choose one option and circle below:

Option 1: \$255 yearly due

Option 2: \$20 monthly automatic debiting with the credit card and \$75 yearly due.

Terms and Conditions

I \_\_\_\_\_, understand that by becoming a member of JHK Private Dental Discount plan, I will receive two exams and x-rays (one full mouth x-ray and 4 bitewing x-rays) and cleanings (in the absence of periodontal disease) per year, within six month intervals, with my membership dues.

I will have the benefit of receiving a 20 - 40% discount from the UCF (Usual and Customary Fee) schedule. For option 2, I will commit to a minimum of a six months membership. If I choose to withdraw from the membership, I must notify JHK in writing at least two months prior to the final month. If I withdraw before six months has elapsed, I am responsible for all the accrued difference of the discounted fees since the beginning of the treatment, from month one to the current withdrawal month. For option 1, I understand that I will only receive \$102 back after six months have passed.

I agree that my membership dues will be automatically debited from my credit card at the 1st of every month, unless I choose option 1, in which case I will pay the annual dues up front.

I also agree to be contacted via email for any future member events and promotions.

By signing, I immediately claim all the rights as a member patient for 20 - 40% discounted fee from the national average dental fee schedule. Also, I am committed to my obligation as a member patient for the JHK Private Dental Discount Plan according to these terms and conditions.

Patient \_\_\_\_\_

Dentist \_\_\_\_\_

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

Memo: