

DANVILLE DENTAL DISCOUNT CLUB

By signing this agreement, I acknowledge I have been furnished information about the Danville Dental Discount Club regarding:

- The annual membership fee,
- The charges I am responsible for and when payments are expected,
- Options for payment,
- Included and excluded services,
- The schedule of discounts.

I have been informed of and understand the following:

- The membership fee provides coverage for a period of twelve (12) months and must be renewed for benefits to continue;
- Treatment that was begun prior to joining the Danville Dental Discount Club is not eligible for discounts under this plan;
- Discounts offered by this plan take the place of any other discounts offered by Danville Dental Associates for payment on the date of service.

I have read and understand the terms of the Danville Dental Discount Club.

Patient's Printed Name

Signature of the Patient or the Responsible Party for the Patient

Today's Date

Date Discount Plan Coverage Is Effective

Date Discount Plan Coverage Expires