

NEPHI DENTAL CLINIC QUALITY SAVINGS PLAN

Service Agreement Contract

I, the undersigned, agree to the following conditions regarding the *Quality Dental Savings Plan* with **Dr. Scott W. / Doug A. Petersen.**

- The contract agreement is for a one year period from the date of signature. The plan will be automatically renewed each year unless I, the undersigned, specify in writing otherwise.
- I agree to pay the full annual premium amount and understand that no refund of the premium cost will be given if I decide to cancel the membership plan.
- I agree to the following payment option of \$ _____ for _____ which will be automatically billed to my credit card.

Please mark the type of membership(s) and preferred payment option listed below:

- ANNUAL OPTION (15% discount)**

 BI-ANNUAL OPTION (5% discount)

 MONTHLY OPTION (0% discount)

MEMBER NAME(S)	MEMBERSHIP TYPE
	CHILD / ADULT
	CHILD / ADULT
	CHILD / ADULT
	CHILD / ADULT
	CHILD / ADULT
	CHILD / ADULT
	CHILD / ADULT
	CHILD / ADULT
	CHILD / ADULT

CREDIT CARD INFORMATION:	AMEX	VISA	MC	DIS
Name on Card: _____			Date of Expiration: ____ / ____ / ____	
Credit Card #: _____			Security Code: _____	



Signature

Date

Witness

Date



HOW THE SAVINGS PLAN WORKS

Welcome to the Nephi Dental Clinic Family! We'll strive to understand your needs and exceed your expectations is our mission to help you achieve a state of optimal oral health and overall quality of life.

ADULT PLAN (18 years and Up)

Bi-Annual Preventative Services	NDC Quality Dental Savings Plan Adjustment	NDC Quality Dental Savings Plan Adjustment
Adult Cleaning	2 per year	100% Covered
X-Rays	2 per year	100% Covered
Dental Exam	2 per year	100% Covered
Varnish Fluoride Treatment	2 per year	100% Covered
VELSCOPE Oral Cancer Screening	2 per year	100% Covered

15% Discount on ALL other dental services!
10% Discount on Orthodontics & Veneers!

Money Saving Payment Options	Adult Premium Payment(s)	Discount Percentage	Total Annual Premium
One-Time Annual Payment	\$336.00	15%	\$336.00
Two Bi-Annual Payments	\$190.00 X 2	5%	\$380.00
Monthly Payments	\$33.00 X 12	N/A	\$396.00

CHILD PLAN (0 to 18 years)

Bi-Annual Preventative Services	NDC Quality Dental Savings Plan Adjustment	NDC Quality Dental Savings Plan Adjustment
Child Cleaning	2 per year	100% Covered
X-Rays	2 per year	100% Covered
Dental Exam	2 per year	100% Covered
Varnish Fluoride Treatment	2 per year	100% Covered

15% Discount on ALL other dental services!
10% Discount on Orthodontics & Veneers!

Money Saving Payment Options	Child Premium Payment(s)	Discount Percentage	Total Annual Premium
One-Time Annual Payment	\$306.00	15%	\$306.00
Two Bi-Annual Payments	\$171.00 X 2	5%	\$342.00
Monthly Payments	\$30.00 X 12	N/A	\$360.00

As a *Complimentary Gift* you will receive a **FREE Custom Bleaching Kit** for every adult membership purchased!