



McMullin Dental Care
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Powered by Dental Intelligence

PERIO IN HOUSE PLAN

| DOB:

McMullin Dental Care Program

Periodontal Plan

We are proud to announce that we offer an In-House Savings Plan (IOP) in our dental office. Our IOP is an annual dental savings program we offer for families and individuals that allows all IOP patients to receive quality dental services at greatly reduced prices in our office. Unlike conventional insurance plans, with our IOP program there are no deductibles, no yearly maximums, and no waiting periods to begin treatment. IOP benefits and savings begin immediately upon registration.

Included with our IOP:

- 3-4 cleanings per year
- All x-rays needed for annual exam
- Up to two dental exams per year and 1 additional emergency visit
- Yearly oral cancer screening
- Yearly periodontal screening
- A 15% savings on all general and major dental procedures

Program Fees:

- Plan paid in full: \$889.00
- Monthly payments: \$57.42 (with a down payment of \$200.00)*
- Total plan value: \$1310.25

The fee paid for our IOP savings plan is for included standard of care services and represents a courtesy accounting adjustment for payment, made in full, at time of service. Fees are due and payable when services are rendered and are non-refundable when services have been provided. Savings duration is for one year from registration date. All patient portions for services received are due at the time of services to receive IOP savings. Anniversary dates are 12 months after signing up.

IOP Savings plan Limitations & Exclusions

- Dentist provided any medications not regularly stocked by our office.
- Any procedure that is considered to be experimental.
- Hospitalization for any procedures.
- Services unable to be completed due to the patients medical health, mental health, or other unhealthy status.
- Conditions or services under Workers Compensation or Employers Liability laws.
- Congenital malformations other than congenital anomaly of tooth/teeth from birth.
- Any diagnosis or treatment of myofacial pain and dysfunction syndrome.
- Any alterations, restorations, or treatments of the temporomandibular joint.
- Any procedures for full mouth rehabilitation requiring appliances or restorations.
- Any services provided for free by a county, government, municipality, or other agency.
- Any appliances, diagnosis or treatments conducted by a referral made to another dentist or specialist outside of the providers of our office in order to complete treatments in connection with any dental procedure in this office.
- Patients cannot use their own dental insurance benefits or other dental coverage in conjunction with any part of IOP.
- The fee paid for our IOP program is for included services and represents a courtesy accounting adjustment for payment, made in full, at time of services.
- The fee for our IOP program is not a membership fee
- Payment plans can be made upon request and depend on the total amount due and type of dental procedure and by approved credit. Any patient using a financial payment plan will have their IOP savings adjusted around the fee charged by the third party. Interest free payment options will be offered in lieu of IOP savings when a third party company is requested to pay for treatment.
- All fees are due and payable when services are rendered and are non-refundable when services have been provided.
- Specifically, Fees for prosthodontic (dentures) and cast restorations (crowns, in-lays, on-lays, veneers, implants, ect.) are due at the prep appointment, in order to receive IOP savings.
- There are no refunds on your IOP savings plan fee WHEN any services have been rendered.
- Any unused services within your IOP dental savings plan are non transferable to other patients regardless of the services and do not roll over from year to year.

PLEASE READ DISCLAIMER AND SIGN BELOW:

I acknowledge that I am financially responsible for payment, in full, at time of services in order to take advantage of the savings being offered on my IOP savings plan. If I choose not to pay at the time of service, I understand that I shall pay the customary fees for the services delivered. Furthermore, I understand the benefits, limitations, exclusions, and requirements of my IOP program and have been given a copy for my personal records.

I authorize regularly scheduled charges to my credit card for plan fees, yearly or monthly. The charge will appear on my credit statement. I agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I understand that this authorization will remain in effect until I cancel it in writing, and agree to notify 30 days in advance of my next billing date, in writing, of any changes in my account information or a wish to terminate my agreement. I acknowledge that the origination of credit card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions.

*DOWN PAYMENT REQUIRED FOR MONTHLY PAYMENTS OPTION

Patient's signature:

Date:

Doctor's signature:

Date: