



We are pleased to offer the Progressive Dental Group Membership Plan. Please read the agreement carefully and let a team member know if you have any questions or concerns.

The Progressive Dental Group Membership Plan is NOT an insurance plan and is not intended to act as or replace dental insurance. For an annual fee, the Progressive Dental Group Membership Plan will allow the patient to obtain many preventive services at no charge and significant discounts on other dental services.

With the Progressive Dental Group Membership Plan you will have:

- No waiting periods
- No claim forms
- No treatment restrictions
- No pre-determinations
- No yearly maximums
- No age limitations
- No reduced coverage or “downcoding”

Included in the annual membership fee:

- Two regular dental examinations per year
- Two preventive prophylaxis (“cleaning”) procedures per year
- Any radiographs (“x-rays”) associated with the preventive visits
- Oral cancer screening, blood pressure reading, oral hygiene instruction, and any other services that typically are included in the preventive appointment.
- Emergency examinations with any necessary radiographs (“x-rays”)
- Two fluoride treatments per year
- 20% discount on all other dental services

The following items are not included with the Dental Membership Plan:

- Replacement of lost appliances
- Lost dentures
- Interim complete dentures or interim partial dentures,
- Case Fees
- Merchandise (EX; Waterpiks, fluoride gel or touchup kits.)
- Procedures or conditions covered under Worker’s Compensation

A treatment plan will be provided in writing for all recommended procedures clearly showing the regular fee and the discounted rate.

Please note:

- This is NOT dental insurance. This is an in-house Dental Membership Plan that is ONLY valid at Progressive Dental Group. It CANNOT be combined with any other dental insurances and does not co-ordinate benefits.
- Membership premium is due before the time of the first exam.
- Payments are non-refundable. No refunds of premiums will be issued at any time if participant decides not to utilize the plan or if the Doctor/Patient relationship is terminated by either party for any reason.
- Payment in full must be made at time of treatment.
- Extended payment plans, including third party financing, are not applicable to this program.
- The two cleanings included in this plan are standard cleanings. This does not include treatment of periodontal (“gum”) disease.
- Credit for the cost of an adult prophylaxis is given towards the cost of two “Periodontal Maintenance” appointments per plan year.
- Additional “Periodontal Maintenance” visits are covered within the regular plan discount.
- All discounts are available exclusively through Progressive dental Group.
- Membership fees and plan discounts are subject to change on an annual basis.
- Progressive Dental Group reserves the right to cancel or discontinue this plan for any reason at the end of the membership term.
- Services not utilized may not be “rolled over.”
- Treatment provided by specialists is not included in this plan.

Please select membership type:

Individual adult plan - \$350

Individual child plan (age 12 and under) - \$300

Periodontal Maintenance Plan - \$475

I agree to the terms and recognize that the Progressive Dental Group Membership Plan is not a dental insurance plan, but a Membership Plan issued by and only recognized by Progressive Dental Group.

_____	_____	_____	_____
First Name	Last Name	SSN	
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	
Date	Signature	Print Name	



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