**MARTINE DENTISTRY CONCIERGE MEMBERSHIP**

7635 E. Stonegate Dr. Zionsville Indiana 46077

3410 W. 56th St. Indianapolis Indiana 46228

The Martine Dentistry Concierge Membership gives members services at a reduced fee. Membership is billed monthly automatically through a credit or debit card.

**Membership includes:**

2 Examinations, 2 cleanings (in absence of periodontal disease), 2 Fluoride applications (no age limit) per year.

4 Bitewing x-rays every 2 years.

1 Full set of X-rays every 5 years.

15% off all services completed at our office.

No deductible, no annual maximum dollar amount, no missing tooth clause and no waiting periods.

Includes all services, including cosmetic dentistry performed at Martine Dentistry at Stonegate.

**Fees:**  $34 per month for adults and $29 per month for children 17 years of age and under.

Membership is on auto pay and auto renewal. Members must opt out to terminate. After the first year, upon renewal, members receive a $50 credit towards future treatment. Credits do not accumulate nor are they transferable. No other discounts can be applied to services. Fees are subject to change.

Name (responsible party)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_Member? Y/N

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing address if different\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional memberships at same address

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_

Total Adults \_\_\_\_\_\_\_\_\_\_\_\_Total Children \_\_\_\_\_\_\_\_\_\_\_

Total of monthly fee charged to credit/debit card $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit/Debit card number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp\_\_\_\_\_\_\_\_ Code\_\_\_\_\_\_\_\_\_\_\_

Name on Card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_