



PLAN B: STERLING MEMBERSHIP AGREEMENT

Thank you for choosing the Valentine Dental Care (VDC) Sterling Membership Plan. The following benefits are included with this single patient, one-year enrollment:

- *Discount on select in-house specialty services (not applicable toward referrals).
 - Receive a 15% discount off if paid via cash/cashier’s check on date of service
 - Receive a 13% discount if paid via credit card on date of service

**Full payment due for additional services prior to execution to receive discount - No exceptions. No discount with existing active dental insurance. No billing.*

One-Year Enrollment Fee:

- New Patient or Established Patient:
\$155 per person (Payable by cashier’s check or cash only)

ADDITIONAL TERMS: *The Valentine Dental Care (VDC) Membership Plan is offered to all patients without traditional dental insurance through an insurance carrier. This membership is not insurance and is only honored by/at Valentine Dental Care, PLLC. Cannot be combined with any other insurance or promotion/discount. The VDC Membership Plan is subject to modification, termination, and change without notice. Renewable of this plan is per the discretion of Valentine Dental Care, PLLC. Renewal is an active member’s responsibility & must be made within 30 days prior to expiration. No exception or refunds. Discounts do not apply to missed appointment charges or treatment not completed during active membership period at Valentine Dental Care, PLLC. Membership is non-transferable and not a group discount (single membership per applicant, even families). Must apply for membership and membership must be paid in full at the beginning of enrollment. The yearly membership enrollment fee is non-refundable and must be paid via cash or check ONLY. Established patient is an individual who routinely presents for two (2) dental prophylaxis cleanings at VDC in one-year and regular uninterrupted history. Enrollee must be 18 years of age or older, or enrolled by a parent/legal guardian who assumes all responsibility of account balance/costs. Credit card surcharge may apply to payments. By signing below, I acknowledge that I have read, understand, agree and abide to the full terms of this agreement.*

By signing below, I acknowledge that I have read, understand and agree to abide to the full terms of this agreement.

- Self
- Parent/Legal Guardian of _____

PRINTED NAME

SIGNATURE

DATE