



GOLD PLAN MEMBERSHIP ENROLLMENT FORM

3450 Old Milton Parkway, Suite 110, Alpharetta, GA 30005
www.AceFamilyDental.com • Tel 678-562-1555 • Fax 678-562-1556
email: frontdesk@acefamilydental.com

Ace Dental Care is pleased to offer Gold Plan Membership. We are consistently striving to provide options and services to our patients. For a low monthly payment you receive your preventive services and around 30% discount on all other services.

Benefits

- 2 Basic Cleanings
- Full mouth X-Rays or Panoramic X-Rays
- 2 Exams
- 1 Fluoride Treatment
- 2 Emergency Exams with Necessary X-Rays (during normal business hours)
- Around 30% Discount on All Other Services

Monthly Membership

First membership is \$29.99/month, each additional membership in the immediate family living in the same household is \$19.99/month. Monthly payments are required to be set up as a withdrawal from your debit/credit card. Minimum membership period is 12 months.

Prepay and Save

First membership is \$299/year, each additional member is \$199/year. A saving of 2 months fees for the year.

Rules and Restrictions

- This is not a dental discount plan and is NOT dental insurance. It CANNOT be combined with any other dental insurance or in office offers. It ONLY good at Ace Dental Care, LLC.
- Membership fees: Applicable registration fees and the first month's premium must be paid prior to entering the hygiene and restoration discount program. All payments are non-refundable.
- Member co-payments are due at the time of service unless payment arrangements have been made prior to treatment.
- Minimum membership period is 12 months and payments are non-refundable.
- All Financial terms of Ace Dental Care, LLC are applicable to the membership plan.
- Any debit/credit card decline will be subject to a \$15 (for any reason) and the account must be resolved before any other preventive or restorative services will be allowed.
- \$99 registration fee is waived for active existing patients and new members joining the plan. An active existing patient is classified as having completed a comprehensive exam, current on x-rays and current on cleanings (minimum of 2 per year). Should a lapse in membership occur for more than 30 days, the \$99 will again be applicable.
- All discounts are available solely through Ace Dental Care, LLC.
- Missed or broken appointments without 24 hours notice will be subject to a missed appointment fee of \$25.
- A fee of \$25 will be charged, for a copy of your X-Rays to be emailed.
- Memberships with automatic withdrawals will renew automatically on the anniversary date until cancelled in writing, unless approved by Ace Dental Care, LLC.
- 30 days written notice of cancellation is required after the initial 12-month membership has been satisfied and membership fees collected must cover services used at that time. Example: if both professional cleanings have been provided the remainder of the 12 payments must be received before cancellation will be accepted.
- Family members are defined as a husband, wife, partner and unmarried children living in the household up to the age of 26.
- Membership fees and plan discounts are subject to change on an annual basis.
- Ace Dental Care, LLC reserves all rights to cancel or discontinue this plan for any reason at the end of any

- Prices can change without notice.
- Any dental services provided to the member by state, county, or municipal agencies or dental services provided without cost to the member are excluded.
- Any dental expense incurred if the dentist is unable to perform a procedure due to the member's general health or physical condition is excluded.
- Any Emergency Exam will be performed only during normal business hours.
- Services are used or lost, they are NOT carried over.

Membership Information

Select membership type:

- Monthly
- Annual

Details:

Last Name _____ First Name _____ MI _____

Street Address _____

State _____ Zip _____

City _____

SSN _____ Cell Phone _____

Preferred Email Address _____

Birthdate (month/day/year) ____/____/____

Employer _____

Please List Covered Dependents (First & Last Name)

Signature:

Date _____

Please email this form frontdesk@acefamilydental.com

Or Fax to 678 562 1556

Call Office to provide credit/debit card information.