DANIEL DENTISTRY

COSMETICS | IMPLANTS

NO INSURANCE? NO PROBLEM!

NO WAITING NO DEDUCTIBLES PRIORITY SCHEDULING



Where Exceptional Care Meets Exceptional Value

For patients who desire concierge-level dentistry without the limitations of traditional insurance, we are proud to offer the **Daniel Dentistry Membership Collection** — a curated suite of annual plans designed to elevate your oral health with clarity, convenience, and unmatched savings.

Each membership provides discreet access to premium preventive care, priority scheduling, and preferred pricing on advanced treatment.

There are **no waiting periods, no deductibles, and no restrictions** — just seamless, elevated care tailored to you.



ADULT COMPLETE MEMBERSHIP

\$350

- (2) Routine Prophy Cleanings*
- (3) Dental Examinations and X-rays
- 10% OFF Basic and Cosmetic

Treatment

• 20% OFF Major Treatment



CHILD COMPLETE MEMBERSHIP

\$250

- (2) Routine Prophy Cleanings*
- (3) Dental Examinations and X-rays
- 10% OFF Basic and Cosmetic

Treatment

• 20% OFF Major Treatment



DUAL MEMBERSHIP
Additional Members: Only \$199 Each

\$460

- (2) Routine Prophy Cleanings*
- (3) Dental Examinations and X-rays
- 10% OFF Basic and Cosmetic

Treatment

• 20% OFF Major Treatment

Terms and Conditions

1. DEFINITIONS

For purposes of this agreement:

- "Member" refers to the individual(s) enrolled in the Daniel Dentistry Membership Plan.
- "Plan" refers to the annual membership program offered by Daniel Dentistry PLLC.
- "Service Year" refers to the 12-month period beginning on the Member's enrollment date.
- "Qualifying Cleaning" or "Prophylaxis" refers to a standard adult or child routine cleaning only if the patient does not present with periodontal disease.
- "Periodontal Condition" includes gingivitis requiring more than routine cleaning, periodontal disease, bone loss, heavy calculus, or any condition that clinically warrants scaling and root planing (SRP) or periodontal maintenance.

2. NATURE OF PLAN (NOT INSURANCE)

The Daniel Dentistry Membership Plan is **not dental insurance**, is **not a qualified health plan**, and cannot be used as an insurance substitute. It provides **discounted fees** for in-office services only at Daniel Dentistry PLLC.

The Plan:

- Does **not** bill insurance
- Does **not** coordinate with insurance
- Does **not** cover treatment outside Daniel Dentistry
- Does not make payments to any provider

Member is solely responsible for payment of all services not included in the Plan.

3. MEMBERSHIP FEES (NON-REFUNDABLE)

Adult Complete Plan (Ages 14+)

\$350 per year

Includes:

- 2 routine cleanings (if clinically eligible)
- 2 dental exams
- Routine X-rays as needed
- 1 emergency exam per year
- 15% discount on additional treatment

Child Complete Plan (Ages 13 & under)

\$299 per year

Includes same benefits appropriate for age.

Dual Plan

\$460 per year for 2 Adults or Adult + Spouse.

Additional Member Add-On

\$199 per additional member per year.

Fee Clarifications and Limitations

- All membership fees are 100% non-refundable, regardless of usage or clinical eligibility.
- A Member who does not qualify for a routine cleaning must pay the required periodontal fees. This does not entitle the Member to a refund or partial credit.
- Membership fees may increase annually at the discretion of Daniel Dentistry PLLC.

Terms and Conditions 5. RENEWAL POLICY

Membership automatically renews every 12 months unless:

- Member provides written cancellation notice (see Section 6), or
- Daniel Dentistry elects not to renew the Plan.

Renewal is charged to the payment method on file.

Daniel Dentistry will notify Members only when pricing or terms change. Continued membership constitutes acceptance of all updated terms.

6. CANCELLATION POLICY

Member-Initiated Cancellation

A Member may cancel only:

- After completion of the initial 12-month term, and
- With 30 days written notice emailed from the Member's registered email.

No refunds, prorated returns, or transfers will be given.

Office-Initiated Cancellation

Daniel Dentistry may terminate a membership for:

- Non-payment
- Fraudulent use
- Failure to follow office policies
- Abusive, inappropriate, or unsafe behavior
- Misrepresentation of clinical conditions

No refunds will be issued if the office terminates due to Member behavior or policy violation.

7. SERVICES INCLUDED

Membership includes only the services specifically listed:

- Routine cleanings (if clinically eligible)
- Routine X-rays as needed
- Exams
- Discounted treatment

Inclusions apply **only** within the service year and may not roll over, transfer, or convert to credit.

8. NON-COVERED SERVICES & EXCLUSIONS

The following are not included and require separate payment:

- Scaling and root planing (deep cleaning)
- Periodontal maintenance
- Gingival irrigation
- Arestin or localized antimicrobials
- Whitening services or cosmetic upgrades
- Lab fees for crowns/veneers/dentures
- Botox/fillers/esthetic services
- Night guards, retainers, or surgical guides
- Emergency visits beyond the one included
- Treatment rendered by another office
- Missed appointment fees
- CBCT scans (unless explicitly discounted)

Diagnosis always supersedes membership benefits.

If periodontal treatment is needed, the Member must pay the periodontal fee schedule even if they expected a standard cleaning.

Terms and Conditions

9. DISCOUNT POLICY

The Plan provides a 15% discount on additional dental treatment. This discount:

- Applies only to services completed and paid for at Daniel Dentistry
- Cannot be combined with promotions, payment plans, CareCredit, or any third-party financing
- Does not apply to retail products, whitening, or cosmetic upgrades
- Does not apply to lab fees
- Must be paid at the time of service to receive the discount

If the Member chooses financing (CareCredit/Cherry/etc.), the discount is forfeited.

10. APPOINTMENT POLICY

Members agree to follow all scheduling and cancellation guidelines.

- Missed appointments or cancellations <48 hours may incur a fee.
- Cancellation fees are **not covered** by the Membership Plan.
- Priority scheduling does not guarantee same-day availability.

11. CLINICAL ELIGIBILITY REQUIREMENTS

Membership cleanings are valid only for patients who are clinically eligible for routine prophylaxis.

A patient does not qualify for a routine cleaning if any of the following are present:

- Periodontal pocketing
- Bone loss
- Active periodontal disease
- Heavy calculus or plaque requiring more than routine instrumentation
- Bleeding on probing in multiple areas
- Inflammation exceeding standard prophylaxis time

If periodontal therapy is required:

- The Member must pay for scaling and root planing or periodontal maintenance at the discounted rate (if applicable).
- The Member does not receive additional free cleanings or monetary credit.

12. SERVICE USAGE & LIMITATIONS

- Membership benefits expire at the end of the service year, regardless of usage.
- Benefits do not roll over to future years.
- Benefits may not be converted into credits, cash, or other services.
- Membership is non-transferable and may not be shared between family members unless enrolled as additional members.

13. MEMBER RESPONSIBILITIES

To maintain active status, Members must:

- Keep all balances paid in full
- · Attend recommended appointments
- Update payment and contact information
- Notify the office of changes in health history
- Follow post-op and home-care instructions
- Provide accurate information during enrollment

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14. OFFICE RIGHTS

Daniel Dentistry PLLC reserves the right to:

- Change membership pricing, benefits, or terms annually
- Terminate membership for non-compliance
- Refuse treatment when medically unsafe
- · Limit membership enrollment based on capacity
- Update clinical eligibility requirements as standards evolve

15. LEGAL LIMITATION OF LIABILITY

Daniel Dentistry PLLC, its providers, and staff shall not be liable for:

- Medical or dental conditions existing prior to enrollment
- Treatment delays caused by Member noncompliance
- Services rendered at other offices
- Member misunderstanding of inclusions
- Complications arising from failure to follow recommendations

Membership participation does not guarantee specific outcomes, eligibility for any treatment, or availability of services at specific dates.

16. AGREEMENT ACCEPTANCE

Enrollment and payment signify that the Member:

- Has read, understands, and agrees to all Terms & Conditions
- Understands the Plan is not insurance
- Accepts that all fees are non-refundable
- Accepts all limitations, exclusions, and clinical requirements
- Authorizes automatic renewal payments