

Elite Dental of Natick Dental Plan Contract

I, _____ agree to the following terms:

- I agree to pay the enrollment fee of \$100 to Elite Dental of Natick for the Elite Dental of Natick Dental Plan. I understand that I must pay in cash or check and cannot pay with a debit or credit card at the time services are rendered. I also understand that this fee is non-refundable or non-transferable even if I get new dental insurances or decide to cancel this policy.
- I understand that this contract applies for the calendar year of 2017 which starts January 1st and ends December 31st.
- I acknowledge that this dental plan includes a discount of 15% on all Elite Dental of Natick services including specialist services. This discount does not apply to any promotional offers; this policy is non-negotiable.
- I acknowledge that this plan is for patients that do not have dental insurance and is not just an added insurance policy. If I decide to sign up for insurance through a third party dental insurance carrier I understand that this contract becomes void and the 15% discount will no longer apply to me.

Patient Name: (Print) _____ Date:
___/___/___

Patient Signature: _____ Date:
___/___/___

Witness Signature: _____ Date:
___/___/___