

Optimal Wellness Plan Agreement

Responsible Party Information:

First Name: _____ Last Name: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Date of Birth: ____/____/____
E-mail Address: _____

Your Optimal Wellness Plan Includes

- Up to 2 Exams, Routine Cleanings and Necessary X-rays
- Perio Plan - Up to 4 Perio Maintenance Cleanings, 2 Exams & Necessary X-rays
- 1 Emergency Care Visit : Exam and Necessary X-rays
- Oral Cancer Screening
- Up to 2 Fluoride Treatments When indicated
- 1 Cosmetic Consultation
- Full Mouth Whitening - Only \$199
- 10% Discount on All Other Dental Treatment

Enrollee Information:

Name: _____ Date of Birth: ____/____/____
Name: _____ Date of Birth: ____/____/____
Name: _____ Date of Birth: ____/____/____
Name: _____ Date of Birth: ____/____/____
Name: _____ Date of Birth: ____/____/____

Pricing:

Children (ages 13 and under) - \$299/person
Adults (ages 14 and over) - \$349/person
Perio Plan - \$649/person

TOTAL CHILDREN ENROLLING: _____
TOTAL ADULTS ENROLLING: _____
TOTAL ADULTS ENROLLING: _____

Payment Details:

Fees will be due at the time of enrollment.

Payment options:

Cash Check Credit Card

Credit Card Information:

Visa MasterCard Discover American Express
Cardholder Name: _____
Card Number: _____ Expiration Date: ____/____ Security Code: _____

By signing below, I acknowledge that I have reviewed, understand, and agree to the terms and conditions of the Optimal Wellness Plan. I authorize this dental office to process my payment as listed in this Agreement.

Signature of Responsible Party: _____ Date: ____/____/____

FOR OFFICE USE ONLY: EFFECTIVE DATES: ____/____/____ TO ____/____/____

Membership Activated

*In-Office*Dental Plan

Offered by



Please return completed agreement and payment to one of the following:



Mail to: chase Patton DDS
3005 Falling Leaf Court
Columbia, MO 65201
573-875-7040
info@chasepattondds.com
<https://chasepattondds.com/>

Plan Terms and Conditions:

- This is **NOT** dental insurance, rather a savings plan. This savings plan cannot be used in conjunction with dental insurance or other discounts. Patient agrees not to submit any claims to dental insurance when they participate with our Optimal Wellness Membership Plan. This plan is only valid at this dental office. Care from other providers or specialists is not included. Plan fees are subject to change.
- If you are a current patient enrolling in the Optimal Wellness Plan, your account **MUST** have a ZERO balance.
- The plan is not retro-active and will become effective on the date of enrollment.
- It is the member's responsibility to utilize the services included in this agreement within their plan year limit. Any unused benefits will not be carried over or refunded. The plan is non-transferrable.
- In exchange for the care provided under this plan, the covered member agrees to pay all balances in full at the time of treatment. If treatment is not paid in FULL at the time of service, the 15% discount is void. If paying for treatment using Care Credit, the discount offered on treatment will be 5%.
- The member has the right to opt out of the plan for a full refund within 30 days of enrollment as long as treatment has not started. If ANY treatment has been performed or if 30 days from enrollment have lapsed, NO refund will be given. The member will be responsible for paying the remaining balance regardless of services rendered.
- Services are based upon a plan year. The full membership dues are due on the date of enrollment and eligibility will begin at that time remaining active for one year. There are no waiting periods. Your membership can be renewed at the end of each plan year.
- If appointments are broken without 24 hours prior notice, a cancellation fee will apply.

Child*



ONLY
\$299

Adult**



ONLY
\$349

Perio Plan



ONLY
\$649

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What is the Optimal Wellness Plan?

The Optimal Wellness Plan is a membership base dental savings plan that empowers you to enlist the exceptional quality care you deserve in an affordable, predictable way. Members pay an annual fee to receive regular exams, cleanings, X-rays, and access to significantly reduced rates on other restorative and cosmetic dental procedures provided in our office. Plus, many benefits including no annual maximums, no waiting periods and no limits on care, leaving the choices of care up to you, not a third-party. This provides you with access to care that is focused on your wellness and provided in our exceptional service environment.

The Optimal Wellness Membership Plan helps reduce overall cost for our loyal members. This ensures that you'll have access to world class dental care when you need it. Thanks to this plan, exceptional quality, relationship based care is available to you at an affordable rate.

Our plan is designed to provide greater access to quality dental care at an affordable price.

- No** yearly maximums
- No** deductibles
- No** claim forms
- No** pre-authorization requirements
- No** pre-existing condition limitations
- No** uninsured patient will be denied coverage
- No** waiting periods (immediate eligibility)

The Optimal Wellness Plan Includes:

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- Perio Plan - Up to 4 Perio Maintenance Cleanings, 2 Exams & Necessary X-rays
- 1 Emergency Care Visit: Exam and Necessary X-rays
- Oral Cancer Screening
- Up to 2 Fluoride Treatments When Indicated
- 1 Cosmetic Consultation
- Full Mouth Whitening - Only \$199
- 10% Discount on All Other Dental Treatment

Program Exclusions & Limitations

This is a savings plan, not dental insurance. It cannot be combined with any other insurance. It is only valid at this dental office ; care from other providers and specialists is not included. Plan fees are subject to change.

For complete details, see Plan Agreement or Plan Terms and Conditions.

**Children 13 or younger*

*** If periodontal infection is present, a periodontal plan may be required at an additional charge.*