



Ross & Fredrickson, DDS/Dental Associates of South Carolina, DDS
Enrollment Application for In-Office Discount Plan

Name: _____
Last First MI

Address: _____
Street

City State Zip

DOB: _____ **SSN:** _____

Phone: Home: _____ Cell: _____ Work: _____

Email: _____

Dependents:	Name	DOB	Relationship

Enrollment Fee:

Effective date: _____ Renewal Date: _____

PATIENT	ANNUAL FEE	TOTAL
Member	\$329	\$ _____
Dependents	\$329	\$ _____
Children (14 & under)	\$199	\$ _____

I, _____, understand the policies and limitations of Ross & Fredricksons in office discount plan. I also understand the office policies for Dental Associates of South Carolina and agree to them.

Signature: _____



Ross & Fredrickson, DDS/Dental Associates of South Carolina, DDS

In-Office Discount Plan Policies and Exclusions

Eligibility:

- >This plan is only good at Ross & Fredrickson, DDS and Dental Associates of South Carolina, DDS
- >This in-office discount plan is NOT dental insurance
- >To be an independent member, you MUST be 18 or older.
- >This plan cannot be combined with any other dental insurance
- >This plan cannot be combined with any other special offer
- >All patients are subject to Ross & Fredrickson, DDS policies
- >Members MUST bring membership card to each appointment

Payments:

- >ALL payments are due at the time of service to receive the discount. Any services that are NOT paid in full at the time of service will be billed at our regular fees
- >Enrollment fees must be paid in full to receive discounts
- >All payments are nonrefundable
- >NO refunds will be given if a member and/or spouse or children do not use the plan, relocate, or obtain dental insurance
- >12-month term effective from sign up date to renewal date
- >In Office Dental Plan benefits cannot be transferred over to other family members

Exclusions:

- >NO discounts will be offered for services requiring referral to a specialist. Referral to a specialist is at the discretion of the doctor
- >NO discount of dental care when patient is involved in a third-party litigation
- >NO discount for dental care which is covered under automobile, medical, or workers comp. liability
- >Treatment initiated prior to enrollment is NOT eligible for discount
- >Prosthesis delivered or in-progress treatment completed more than 60 days after termination of coverage is NOT eligible for discount
- >Periodontal therapy including scaling and root planing is covered at a 15% discount
- >Treatment fees are guaranteed for 3 months from the date quoted by the office
- >**Ross & Fredrickson, DDS and Dental Associates of South Carolina, DDS** reserve the right to discontinue this plan for any member at any time
- >Two no-show or cancellations without 24 hr notice can lead to you being dropped from this plan without a refund
- >When CareCredit is used, the amount of the discount will be 10%