Pocock Family Dental
Membership Plan

Andrew L. Pocock, DDS, PLLC
241 4th Ave N
Twin Falls, ID. 83301

Pocock Family Dental is pleased to offer our exclusive Dental Membership Plan. Please read the agreement carefully and let a team member know if you have any questions or concerns.

PFD Membership Plan is not an insurance plan and is not intended to act as dental insurance and cannot be used in addition to or in conjunction with a dental insurance plan. For an annual renewable fee, our Dental Membership Plan will allow you to obtain the preventive services you need at no additional charge and significant discounts on most other dental services. See Coverages below.

With the PFD Membership Plan you will have:

- No waiting periods
- No claim forms
- No treatment restrictions (except as provided herein)
- No pre-authorization requirements
- No yearly maximums
- No age limitations
- No pre-existing condition exclusions

Included in the annual membership fee:

- Two preventative (Comprehensive and/or Periodic) dental examinations per year
- Two preventive prophylaxis (“cleaning”) procedures per year if selecting the ‘Single Membership’ plan. You can add family members who will enjoy the same benefits at a reduced rarte.
- 3-4 Perio Maintenance cleanings per year if selecting the ‘Perio Maintenance’ plan, additional members can be added as well.
- Any radiographs (“x-rays”) associated with the preventive visits
- Oral cancer screenings
- Oral hygiene instructions

- Two fluoride treatments per patient per year up until the patient reaches the age of 18
- **A FREE Opalescence Whitening Kit at time of initial membership!!**

Coverage

Child/Adult Prophy.....100%

Perio Maintenance.....100%

Exams 100%

Preventative X-Rays.....100%

Oral Cancer Screens.....100%

Fluoride (18 and younger).....100%

Fillings.....20%

Root Canals.....20%

Scaling and Root Plaining.....20%

Oral Surgery.....20%

Crowns/Bridges.....15%

Implant Restorations.....15%

Dentures.....15%

1 Whitening Kit.....FREE!

Single Membership $380 Perio-Maintenance Membership $580 Additional Family Membership $350

Limitations and Exclusions of the Pocock Family Dental Membership:

- This is not insurance, it is an office membership discount plan that is active for 1 year from the date the membership is purchased.
- This plan cannot be combined with existing dental insurance, workman's compensation, or medical or automobile insurance claims.
- The discount plan cannot be applied to orthodontic treatment or full mouth/full arch restorative cases.

- Is not transferable, can only be used at Pocock Family Dental.
- Membership Fee's must be paid in full prior to treatment unless otherwise approved.
- All additional family members must be next of kin and a dependent, or living in the household.

- Refunds for Memberships will not be issued at any time if the participant does not fully utilize the plan or obtain services within the applicable time the membership is active (1 year from time of purchase). If Member moves out of the area, the amount for services they have not yet received will be refunded.
- Payment forms that qualify for plan discounts are check or cash at the time of service and must be made in full.
- Extended payment plans, including third party financing plans, may not be used in conjunction with this Membership Plan unless approved in advance.
- The two cleanings included in this plan are for standard cleanings (prophies) ONLY. Scaling and root planning treatment of periodontal ("gum") disease is NOT included, but are provided at the 20% discount if the patient joins the Perio Maintenance Membership.
- The Perio Maintenance service frequency (3 or 4 visits/year) is determined based on the severity of the Periodontal disease after Scaling and Root planning has been performed.
- Membership fees, services, and plan discounts are subject to change on an annual basis.
- Pocock Family Dental reserves the right to cancel or discontinue this plan with a refund for any reason at any time during the term of this agreement.
- Services not utilized may not be "rolled over" to the next year or transferred between family members, plan participants, or any other individual.

I agree to the terms and conditions contained herein. **I acknowledge and agree that the Dental Membership Plan offered by Pocock Family Dental is not an insurance plan, it is a membership plan offered to provide a discount for select services provided at Pocock Family Dental offices ONLY.**

- First Name -
- Last Name -
- Date -
- Print Name -
- Signature -