

## **Majestic Discount Plan contract**

By signing this contract, I, \_\_\_\_\_ understand and agree to the following terms pertaining to the Majestic Discount Plan:

- I have read and understood the terms pertaining to the plan and have been provided a copy of the plan for my records.
- I have been informed that the plan is effective on first day of any month when full payment is received.
- This plan is non-refundable even if the benefits are not used.
- This plan only applies to our office and cannot be used for any other dental or medical clinic or institution to which we may refer.
- The plan does not automatically renew. Therefore, it is the patient's responsibility to inform us if he/she would like to renew year after year.
- Majestic Dentistry reserves the right to modify or discontinue the plan at any time. However, we will honor the terms for the calendar year in which the patient has paid.
- To be eligible for the plan or to renew, the patient needs to pay all remaining and existing balances in full.
- Majestic Discount plan is not a dental insurance plan and cannot be combined with insurance benefits or with any other discounts or offers.
- This plan is not transferrable to any other patients, family member, or friends.
- Treatment for dental injuries covered by workmen's comp, disability insurance, lawsuit, or outside medical care are not covered under this plan.
- This plan includes, 2 periodic exams, 2 prophylaxis cleanings, set of 4 bitewing xrays, 3 free emergency exams including 1 periapical x-ray per visit and 15% off all other services such as crowns, fillings, root canals, dentures, extraction, teeth whitening and more.
- This plan excludes dental implants and restorations of any implant prostheses.

Print Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_