

# FAKTOR<sup>DMD</sup>

## SmileFaktor Membership Agreement

FaktorDMD are proud to be your dental team, and we look forward to continuing to provide you with the highest quality of care. At FaktorDMD, we value transparency. With our dental membership plans, it's 100% clear exactly what you are paying for and the benefits you will receive in exchange. There is no complex insurance fine print or annoying loopholes – you are our member, directly.

Below you will find an outline of our in-office membership plans. Please check the plan you intend to enroll in with our practice. Thank you for trusting FaktorDMD with your oral health.

### SmileFaktor Basic - \$499 (Up to \$1,300 value)

- 2x adult prophylaxis
- 1x full mouth series x-rays (every 3 years)
- 1x check-up x-rays (4 BW x-rays and 2 PA x-rays)
- 1x comprehensive new patient exam
- 2x periodic oral exams
- 2x emergency exams with x-rays
- 2x oral cancer screenings
- 2x fluoride treatments
- Discount 10% on cosmetics procedures, crowns, full mouth rehab, implants, SureSmile, and surgeries.
- Discount 15% on all other treatment, including additional standard cleanings, bonded filling restorations, root canals, CBCT scans, bite guards, and teeth whitening.
- Additional family members added will receive a \$50 discount each.

### SmileFaktor Plus - \$699 (Up to \$1,900 value)

- 1x full mouth series x-rays (every 3 years)
- 1x check-up x-rays (4 BW x-rays and 2 PA x-rays)
- 1x comprehensive new patient exam
- 1x comprehensive perio evaluation
- 2x periodic oral exams
- 3x adult perio maintenance
- 2x emergency exams with x-rays
- 2x oral cancer screenings
- 2x fluoride treatments
- discount 10% on cosmetics procedures, crowns, full mouth rehab, implants, SureSmile, and surgeries.
- discount 15% on all other treatments, including deep cleaning, root planing and scaling, quadrant and bonded filling restorations, root canals, CBCT scans, bite guards, teeth whitening, and additional periodontal maintenance.
- Additional family members added will receive a \$50 discount each.

## LIMITATIONS AND GUIDELINES

- FaktorDMD retains the right to interpret any program stipulations.
- No refunds will be given in the event member terminates the plan prior to the end of the plan year.
- The annual membership fee must be paid in full prior to starting treatment.
- Membership benefits are not transferable, have no cash value, and may not be redeemed for cash.
- This is not an insurance plan and is not subject to regulation by the state department of insurance.
- Plan membership cannot be combined with current dental insurance plans.
- The plan is for individual use only. It is not a group benefits plan.
- Each additional family membership must be paid at the time of the initial membership or at renewal time.

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- Membership fee may be adjusted annually.
- Members are responsible for notifying FaktorDMD of any address or contact changes.
- Missed appointment fees and penalties are ineligible for the membership discount.
- Total payment amount is due at the time services are provided. If full payment is not received at the time of service, fee discount will be void.
- No discount on over-the-counter office products or Arrestin.

## CONTRACT STIPULATIONS

**1.FAKTORDMD MEMBERSHIP PLAN.**This is a dental membership plan and is not to be considered a dental insurance plan. The dental membership plan is for patients without dental insurance, or for patients who are considered out-of-network with their insurance, and cannot be used in conjunction with a dental insurance plan. You will not receive a membership card with our plan.

**2.ADMITTANCE TO THE PLAN.**Members may only be admitted to the plan upon initial signup or annually thereafter on the renewal date. Your plans effective date will be kept on file with our practice.

**3.USE OF PLAN AND SERVICES COVERED.**This plan may be used at FaktorDMD and applies only to dental procedures offered at FaktorDMD's New Jersey location. The membership plan includes services normally covered in the scope of general dentistry.

**4.REFERRALS TO SPECIALISTS.**There may be dental care needs beyond the scope of services provided by FaktorDMD. Patients with specialty dental care needs will be advised as soon as possible and referred to the appropriate dental specialists. Referred services are not covered by this membership plan. After specialty services are performed, the patient may return to FaktorDMD and receive treatment covered under the membership plan.

**5.MEMBERSHIP DUES.**SmileFaktor Basic plan is four-hundred and ninety-nine dollars (\$499) per year. SmileFaktor Plus plan is six-hundred and ninety-nine dollars (\$699) per year. Additional family members will receive a fifty-dollar (\$50) discount each. Dues are subject to change annually.Extended payment plans, including third party financing plans, may not be used in conjunction with this membership plan.

**6. FAMILY MEMBERS.** A family is defined as any immediate relatives, including parents, spouses, and minor children. Any other family members must be approved by FaktorDMD prior to plan discounts. Plan members are subject to immediate termination if found to be in violation of this policy.

**7. PAYMENT OF MEMBERSHIP DUES.**Membership dues are paid yearly and are due prior to services being rendered. Yearly dues may be paid with check, cash, or a credit card, and different discounts rates are applied when paying for services with a credit card vs. check or cash. Three percent (3%) credit card fees will apply to all credit card payments. Dues must be paid in full, and patient's account must be current to receive benefits under the membership plan. If payment of dues has lapsed and patient does not want to or is unable to bring the account current, the patient will be subject to normal fees until time of re-enrollment in the membership plan.

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**8. CANCELLATION OF MEMBERSHIP.**Notification of cancellation of the plan must be made thirty (30) days prior to the renewal date. There are no refunds for the subscription dues.

**9. NON-TRANSFERABLE.**This plan is non-transferable and can only be used for the registered member of the plan.

**10. PAYMENT FOR SERVICES.**Payments for services are due at the time services are rendered. Default of payment for more than thirty (30) days will result in forfeit of membership discount for services completed.

**11. INSURANCE REIMBURSEMENTS.**Patients are to be advised our membership plans are available only to those without dental insurance or to those with an out-of-network dental plan. Claims submitted for self-reimbursement will be generated and processed by the office of FaktorDMD, but it is responsibility of each patient to follow up with their out-of-network carrier for outstanding claims.

**12. TERMINATION OF MEMBERSHIP.**If any members are in violation of practice policies, the practice reserves the right to terminate the membership plan with written notice to the member.

**13. THIS PROGRAM CANNOT BE USED.** In conjunction with another dental plan or offer, for services covered under worker compensation, for referrals to specialists, or for hospitalization or hospital charges. This plan is specific to the New Jersey office of FaktorDMD. It cannot be used at any other office. The twelve (12) month membership is due in full upon joining. Membership is effective on the day on which payment is received. All other payments are due when services are rendered.

**14. MAXIMIZING BENEFITS.**It is the sole responsibility of the member to maximize benefits by arranging the appropriate appointments within the twelve (12) months membership period. If the appointments are not used, the member will not be entitled to a refund nor will benefits be rolled over into the next calendar year.

## SIGNATURE OF ACCEPTANCE

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

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_