

NEPHI FAMILY DENTAL QUALITY SAVINGS PLAN

Service Agreement Contract

I, the undersigned, agree to the following conditions regarding the **Quality Dental Savings Plan** with **Dr. Scott W. Petersen**.

- The contract agreement is for a one year period from the date of signature. The plan will be automatically renewed each year unless I, the undersigned, specify in writing otherwise.
- I agree to pay the full annual premium amount and understand that no refund of the premium cost will be given if I decide to cancel the membership plan.
- I agree to the following payment option of \$ _____ for _____ which will be automatically billed to my credit card.

Please mark the type of membership(s) and preferred payment option listed below:

***HSA APPROVED**



ANNUAL OPTION (15% discount)



BI-ANNUAL OPTION (5% discount)



MONTHLY OPTION (0%)

MEMBER NAME(S)	MEMBERSHIP TYPE
	CHILD / ADULT
	CHILD / ADULT
	CHILD / ADULT
	CHILD / ADULT
	CHILD / ADULT
	CHILD / ADULT
	CHILD / ADULT
	CHILD / ADULT
	CHILD / ADULT



CREDIT CARD INFORMATION:	AMEX	VISA	MC	DIS
Name on Card: _____			Date of Expiration: ____ / ____ / ____	
Credit Card #: _____			Security Code: _____	



Signature

Date

Witness

Date



HOW THE SAVINGS PLAN WORKS

*Welcome to **Nephi Family Dental!*** We strive to understand your needs and exceed your expectations in our mission to help our patients achieve a state of optimal oral health and overall quality of life.

ADULT PLAN (18 years and Up)

Bi-Annual Preventative Services	NDC Quality Dental Savings Plan Adjustment	NDC Quality Dental Savings Plan Adjustment
Adult Cleaning	2 per year	100% Covered
X-Rays	2 per year	100% Covered
Dental Exam	2 per year	100% Covered
Varnish Fluoride Treatment	2 per year	100% Covered
VELSCOPE Oral Cancer Screening	2 per year	100% Covered

15% Discount on ALL other dental services!

10% Discount on Orthodontics & Veneers!

Money Saving Payment Options	Adult Premium Payment(s)	Discount Percentage	Total Annual Premium
One-Time Annual Payment	\$336.00	15%	\$336.00
Two Bi-Annual Payments	\$190.00 X 2	5%	\$380.00
Monthly Payments	\$33.00 X 12	N/A	\$396.00

CHILD PLAN (0 to 18 years)

Bi-Annual Preventative Services	NDC Quality Dental Savings Plan Adjustment	NDC Quality Dental Savings Plan Adjustment
Child Cleaning	2 per year	100% Covered
X-Rays	2 per year	100% Covered
Dental Exam	2 per year	100% Covered
Varnish Fluoride Treatment	2 per year	100% Covered

15% Discount on ALL other dental services!

10% Discount on Orthodontics & Veneers!

Money Saving Payment Options	Child Premium Payment(s)	Discount Percentage	Total Annual Premium
One-Time Annual Payment	\$306.00	15%	\$306.00
Two Bi-Annual Payments	\$171.00 X 2	5%	\$342.00
Monthly Payments	\$30.00 X 12	N/A	\$360.00

As a *Complimentary Gift* you will receive a **FREE Custom Bleaching Kit** for every adult membership purchased! (one-time, annual payment option only)