

Most Dental Membership Agreement

Most Dental · Las Vegas, NV

This agreement is between Most Dental ("the Practice") and the member(s) named below. **This is not dental insurance.** It is a membership plan offered directly by Most Dental, valid only at our office, and it does not pay for services at any other provider.

Member name(s): _____

Date of birth: _____ **Phone:** _____

Email: _____

PLAN & PAYMENT (CHECK ONE PLAN AND ONE PAYMENT OPTION)

Plan	Includes each 12-month term	Annual	Monthly
☐ Child — ages 12 and under	2 exams, 2 cleanings, 2 fluoride treatments, X-rays as needed, 1 emergency exam	☐ \$299	☐ \$29
☐ Adult — ages 13 and up, healthy gums	2 exams, 2 cleanings, X-rays as needed, 1 emergency exam	☐ \$399	☐ \$39
☐ Perio — current or past gum disease	2 exams, 4 periodontal maintenance visits, X-rays as needed, 1 emergency exam	☐ \$599	☐ \$59

One-time enrollment fee: **\$50 per member.** Members also receive **20% off** the Practice's standard fees for all other treatment at Most Dental. **Not discounted:** orthodontics, teeth whitening, outside lab or specialist fees, and services already included above. Unused benefits do not roll over and have no cash value.

TERMS

- Eligibility.** Open to patients without dental insurance. Patients enrolled in Medicaid, Medicare, or another government program are not eligible. Benefits begin on the enrollment date.
- Payment.** Annual plans are paid in full at enrollment. Monthly plans are charged automatically to the card on file on the same day each month for 12 months.
- Renewal.** Membership renews automatically at the end of each 12-month term at the then-current fee. The Practice will notify members at least 30 days before any fee change.
- Cancellation.** Members may cancel within 30 days of enrollment for a full refund if no services were used. After that, if a member cancels mid-term, the member pays the Practice's standard fees for any included services already received, minus fees paid.
- Missed payments.** If a monthly payment fails and is not resolved within 15 days, benefits are paused until the account is current.
- Changes.** The Practice may change plan benefits or fees at renewal with written notice. Membership is not transferable.
- Treatment.** Membership does not guarantee any specific treatment outcome. All care is based on the dentist's clinical judgment.

SIGNATURES

By signing, I confirm I have read and agree to these terms, and I understand this plan is not insurance.

☐ I authorize Most Dental to charge my card on file for recurring membership fees (monthly plans and automatic renewal).

Member (or parent/guardian) signature: _____ **Date:** _____

Most Dental representative: _____ **Date:** _____