

# PURE DENTAL DISCOUNT PLAN by Pure Dental

## Please Review These Important Terms and Conditions Prior to Enrolling in the Pure Dental Discount Plan Offered by Pure Dental.

The Pure Dental Discount Plan (PDDP) offered by Pure Dental is NOT INSURANCE. Members pay their dental provider Pure Dental at the time of service. This PDDP may NOT be duplicative of your dental insurance. The PDDP Offered by Pure Dental cannot be combined with any other dental or medical insurance plan and does not coordinate benefits with any other dental or medical insurance plan. **Membership benefits are two (2) routine cleanings and two (2) exams with x-rays as needed in a 12-month (365 day) period. Benefits also include 10% off all other dental work not listed in previous sentence.** The PDDP offered by Pure Dental is valid only at the Pure Dental clinic. Any and all services offered under the PDDP that are not utilized within the 12-month period are forfeited. Fees are subject to periodic change without prior notification.

For any membership there are NO exceptions, NO refunds, or NO adjustments granted. PDDP is NON-transferable; family Members cannot be substitutes for another family Member. The membership of any Member may be revoked and canceled if such Member does not comply with the policies of Pure Dental, including by reason of failing to make prompt payment for any procedure, for failing to pay any cancellation fee for missing an appointment, for two broken appointments without a proper 48-hour notice, for failing to pay any fee when due or for providing false or misleading information to Pure Dental. If such Member is part of a Family Plan, then Pure Dental shall have the right to revoke and cancel the membership of all Members of such family. Should there be dental treatment needed following any type of injury where a lawsuit and therefore outside medical care, disability, or workman's comp type insurances are involved, PDDP cannot be used. For orthodontic treatment, participant must remain a PDDP member the entire duration of the treatment. PDDP is for dental services only; products are not included. Immediately upon any cancellation of membership, whether by the Member or by The PDDP offered by Pure Dental all benefits shall cease.

New Members are subject to acceptance by the PDDP offered by Pure Dental. The PDDP offered by Pure Dental may refuse to accept any new Member at its discretion for any reason not prohibited by law. For purposes of the discounted membership fee for additional family members, family members include spouses and children 18 years of age and younger living in the same household as the primary member. In the case of any dispute between the Member (and/or any additional family member) and the PDDP offered by Pure Dental which has not been resolved through negotiation between the parties, such dispute shall be settled and determined through arbitration in accordance with the Rules of Arbitration of the American Arbitration Association ("AAA"). Any arbitration pursuant to this agreement shall be held in Washington County, Minnesota, and shall be conducted by a single arbitrator to be selected by other arbitrators, one of whom shall be selected by each party. The written decision of the arbitrator so selected shall be binding, final, and conclusive on the parties. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. The fees and expenses of arbitration shall be part of the award. The prevailing party in any arbitration shall recover its expenses and costs including reasonable attorney's fees from the other party.

The undersigned Member(s) acknowledge(s) and agree(s) to the foregoing and a parent's signature below shall be on behalf of any minor children under 18 years of age covered by this Application.

Patient Signature: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ M: ☐ F: ☐

Primary Phone Number: (\_\_\_\_) \_\_\_\_\_ Alternate Phone Number: (\_\_\_\_) \_\_\_\_\_  
Type (check one): ☐ Home ☐ Mobile Type (check one): ☐ Home ☐ Mobile ☐ Work

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Payment Type: ☐ Cash ☐ Check ☐ Credit Card Amount: \_\_\_\_\_ Date Received: \_\_\_\_\_

List of Household Members:

First Name: \_\_\_\_\_ MI: \_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_