

RIVER WALK DENTAL SAVINGS CLUB

- OFFERED BY -

RIVER WALK DENTAL

WE'RE ALL SMILES



Savings Club Membership Registration:

Responsible Party Information:

First Name: _____ Last Name: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____
Date of Birth: ____ / ____ / ____ E-mail Address: _____

Enrollee Information:

Name: _____ Date of Birth: ____ / ____ / ____
Name: _____ Date of Birth: ____ / ____ / ____
Name: _____ Date of Birth: ____ / ____ / ____
Name: _____ Date of Birth: ____ / ____ / ____
Name: _____ Date of Birth: ____ / ____ / ____

Pricing:

Youth Plan - \$299/person
Adult Plan - \$349/person
Perio Plan - \$649/person

TOTAL PATIENTS ENROLLING: _____
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Payment Details:

The membership fee will be due at the time of enrollment. By paying yearly for the membership, you will receive a greater overall savings. Monthly payments are available with a 20% surcharge and a \$99 enrollment fee. If the monthly payment option is chosen, payments are as followed and no interest will be applied:

- A \$30 monthly fee per Youth Plan, plus enrollment fee of \$99 (only paid for the monthly pay option)
- A \$35 monthly fee per Adult Plan, plus enrollment fee of \$99 (only paid for the monthly pay option)
- A \$65 monthly fee per Periodontal Plan, plus enrollment fee of \$99 (only paid for the monthly pay option)

* Monthly plans have a 20% surcharge and \$99 enrollment fee

Credit Card Information:

Visa Mastercard Discover American Express

Cardholder Name: _____
Card Number: _____ Expiration Date: ____ / ____ Security Code: _____

By signing below, I acknowledge that I have reviewed, understand, and agree to the terms and conditions of the River Walk Dental Savings Club. I authorize this dental office to process my payment as listed in this Agreement: _____ Date: ____ / ____ / ____

FOR OFFICE USE ONLY: EFFECTIVE DATES: ____ / ____ / ____ TO ____ / ____ / ____

Membership Activated

What is the River Walk Dental Savings Club?

The River Walk Dental Savings Club is a membership-based dental savings plan that provides the quality care you deserve at a price you can afford. Memberships include regular exams, cleanings and X-rays along with additional discounts on other dental treatment. Our plans provide quick access to the care you need!

OUR PLANS INCLUDE THE FOLLOWING

- ✓ **Youth & Adult:** Up to 2 Routine Cleanings & Exams, Yearly Bite-wing X-rays and 2 Fluoride Treatments
- ✓ **Perio:** Up to 4 Perio Maintenance Cleanings, 2 Routine Exams, Yearly Bite-wing X-Rays, and 4 Fluoride Treatments
- ✓ **1 Emergency Exam with Necessary X-rays**
- ✓ **1 Oral Cancer Screening**
- ✓ **1 Invisalign Consultation**
- ✓ **25% off sealants** (per tooth) on adult and baby teeth (D1351 - savings of \$17 per tooth)
- ✓ **25% off Silver Diamine Fluoride** (per tooth) on baby teeth only (D1354 - savings of \$23 per tooth)
- ✓ **15% Discount on All Other Dental Treatment** (NOT including implant surgical placement)

OUR PLANS ARE DESIGNED TO PROVIDE YOU WITH GREATER DENTAL CARE, LESS HASSLE AND TO SAVE YOU MONEY.

- > **No** Waiting periods (immediate eligibility)
- > **No** Pre-existing condition limitations
- > **No** Pre-authorization requirements
- > **No** Yearly maximums
- > **No** Denied claims
- > **No** Deductibles

Program Exclusions & Limitations

For complete details. See Plan Terms and Conditions Youth plan is intended for ages 12 and younger. If periodontal infection is present, the member may be required to upgrade to the Perio plan.

Youth	Adult	Perio
\$299	\$349	\$649
OR \$30/MO	OR \$35/MO	OR \$65/MO
TOTAL SAVINGS \$318 ANNUALLY	TOTAL SAVINGS \$320 ANNUALLY	TOTAL SAVINGS \$500 ANNUALLY

WHY MEMBERSHIP MAKES SENSE.

ANNUAL EXAMS	INCLUDED	\$200+	DEDUCTIBLE REQUIRED
ANNUAL X-RAYS	INCLUDED	\$100+	LIMITED PER YEAR
FLUORIDE	INCLUDED	\$20+	COVERAGE VARIES
EMERGENCY VISIT	INCLUDED	\$100+	COVERAGE VARIES
DENIED COVERAGE	NEVER	NEVER	OFTEN
TREATMENT DISCOUNT	15% OFF	NONE	NONE

ANNUAL COST	\$349/yr	\$\$\$	\$\$\$\$
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* BASED ON NATIONAL AVERAGE TRADITIONAL INSURANCE PLANS

The Savings Club is great for:

- Retired Seniors • Uninsured Employees •
- Contract or Freelance Employees • Families •
- Small Business Owners •

River Walk Dental

4271 Esplanade Pl #120,
Flower Mound, TX 75028
469-444-8464

info@riverwalkdentaltx.com
www.riverwalkdentaltx.com

Please return completed membership agreement and payment to the following:

- OFFERED BY -



- COMPLETE AND RETURN TO -

4271 Esplanade Pl #120, Flower Mound, TX 75028

469-444-8464 • info@riverwalkdentaltx.com

www.riverwalkdentaltx.com

Plan Terms and Conditions:

- This is **NOT** dental insurance, rather a savings plan. This savings plan cannot be used in conjunction with dental insurance or other discounts. This plan is only valid at this dental office. The plan is non-transferrable and care from other providers is not included.
- If you are a current patient enrolling in the River Walk Dental Savings Club, your account MUST have a ZERO balance.
- The plan is not retro-active and will become effective on the date of enrollment. All plans will remain active for 12 months and be renewed annually. Plan fees are subject to change.
- It is the member's responsibility to utilize the benefits included in this agreement within the plan term. Any unused benefits will not be carried over or refunded.
- In exchange for the care provided under this plan, the covered member agrees to pay all balances in full at the time of treatment. If treatment is not paid in FULL at the time of service, the treatment discount is void. If paying for treatment using third party financing, the discount may be reduced.
- The member has the right to opt out of the plan for a full refund within 30 days of enrollment as long as treatment has not started. If ANY treatment has been performed or if 30 days from enrollment have lapsed, NO refund will be given. The member will be responsible for paying the remaining balance regardless of services rendered.