

Grafton Dental Care

100 Worcester Street, Suite 50
Grafton MA 01536
508-318-4477, www.graftondentalcare.com

Gold Dental Plan Enrollment Application

Your Profile

Name	SSN#	
Address (Not P.O. Box)		
City	State	Zip
Home Phone no.	Work Phone no.	
Email Address	Cell	

Your Spouse Profile

Name	SSN#	
Address (Not P.O. Box)		
City	State	Zip
Home Phone no.	Work Phone no.	
Email Address	Cell	

Your Children

Name	Age	SSN#
Name	Age	SSN#
Name	Age	SSN#
Name	Age	SSN#
Name	Age	SSN#

Enrollment fees

Adult - \$227 X _____ = _____

Children - \$187 X _____ = _____

Total = _____

Credit Card Information:

Credit Card number- _____ VISA/ MASTER
Expiration date- _____ CVC/Security code _____
Total Amount to be charged- _____
Authorized signature - _____ Date _____

Terms and conditions and signature on next page.

Terms and Conditions of Atlantic Dental Partners Gold Dental Plan

Eligibility –

- This plan is only good at Atlantic Dental Partners in Jamaica Plain and Malden MA at the selected location.
- This in-office discount plan is not a dental insurance.
- To be an independent member, you should be 18 years or older and must be a resident of state of Massachusetts. Your eligible dependents include spouse or domestic partners and your children through the age of 25.
- This plan cannot be combined with any other dental insurance.
- This plan cannot be combined with any other offers.
- If the patient elects to use a dental insurance, insurance plan fees, payments and deductibles will apply.
- All patients are subject to Atlantic Dental Partners office policies.

Payments –

- Enrollment fee must be paid in full at the time of enrollment to receive discounts. A payment plan CANNOT be used for enrollment fees.
- All payments for treatments must be paid in full at the time of service to receive discount. Any services that are not paid in full at the time of service will be billed at our regular fees.
- All payments are **non refundable**.
- No refunds will be given if a member does not use the plan benefits, relocate or obtain dental insurance.
- 12 months term effective from signup date to renewal date.

Exclusions –

- Invisalign and orthodontic treatments are discounted at 10% if the entire payment is made upfront.
- Plans and fees are subject to change yearly.
- No discount is provided for services requiring referral to a specialist. Specialist referral is at the discretion of the doctor.
- Should treatment is needed following an injury or 3rd party outside insurance is involved, this discount cannot be used.
- Treatment initiated prior to enrollment is not eligible for discounts.
- Prosthesis delivered or in progress treatment completed more than 60 days after the termination of coverage is not eligible for discount.
- Treatment fees are guaranteed for 90 days from the date quoted by the office.
- Atlantic Dental Partners reserve the right to discontinue this plan for any member at any time.
- Two no shows or cancellations without 48 business hours notice can lead to you being dropped from the program without any refund.
- If you choose to extend your payment for paying through a third party financing like care credit, the treatment discount will be reduced to 10% due to merchant fees.
- Dental products are not included.

I, _____ **acknowledge the terms and conditions of Atlantic Dental Partners – Gold Dental plan. I understand that it is NOT a dental insurance but an in-office discount plan.**

Signature _____ **Date** _____
(Member/Parent or Legal Guardian)