

# Grafton Dental Care

100 Worcester Street, Suite 50

Grafton, MA, 01536

[info@graftondentalcare.com](mailto:info@graftondentalcare.com), 508-318-4477

## Gold Dental Plan Enrollment Application

Please fill and mail or fax this application to your desired location.

### 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 - \$375 X \_\_\_\_\_ = \_\_\_\_\_

Children - \$345 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 Grafton Dental Care Gold Dental Plan**

**Eligibility –**

- This plan is only good at Grafton Dental Care in Grafton, 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 discounts or offers.
- If the patient elects to use a dental insurance, insurance plan fees, payments and deductibles will apply.
- All patients are subject to Grafton Dental Care 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 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 3<sup>rd</sup> 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.
- Grafton Dental Care 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 5% due to merchant fees.
- Dental products are not included.

I, \_\_\_\_\_ **acknowledge the terms and conditions of Grafton Dental Care – 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)**