



WHITNEY M. FRANK
— DDS —

Membership Enrollment Form

Patient Name: _____

Family Member(s): _____

Enrollment Date: _____

Renewal Date: _____

On behalf of yourself and your family members or dependents, if applicable, the following are the terms and conditions of membership. By submitting your membership enrollment form, you acknowledge that you have read (on your own behalf and on behalf of your enrolled family members or dependents) the following terms and conditions:

1. General

- a. The Whitney M. Frank, DDS Membership Program (WMF MP) is governed by the following terms and conditions. All individuals purchasing memberships with the office of Whitney M. Frank, DDS (WMFDDS) should understand these terms and conditions. Applicants are required to accept these terms and conditions before purchasing a membership and receiving its benefits. WMFDDS reserves the right to make changes to these terms and conditions at any time.
- b. The terms and conditions of this Membership Agreement govern the dental program that you are purchasing through your submission of the enrollment form/application. All members subscribing to this plan should read this Agreement and the incorporated terms of use and communicate any questions that may arise before enrolling for clarification to a WMFDDS representative at 208-773-1559.

2. Membership Policy

- a. Only applications completed correctly and paid in full will be granted membership.
- b. WMFDDS reserves the right to verify the details submitted to obtain membership. Applications may be declined if details submitted are inaccurate or incomplete.
- c. Memberships include coverage for the applicant only. Membership privileges do not extend to family members. Photo identification will be required when visiting WMFDDS to verify the identity of a person possessing a WMFDDS membership.
- d. WMFDDS has the right to cancel memberships before the duration stipulated if unauthorized users are utilizing the membership. A refund will not be given.
- e. You must be at least 18 years old to submit an application for WMF MP. Parents can submit an application on the behalf of a child up to the age of 18.
- f. You cannot utilize the WMF MP if you have any dental insurance plan or any dental insurance coverage. It cannot be used as a secondary membership to any primary insurance plan. The WMF MP cannot be used in addition or in conjunction to any discount dental plan.
- g. You must be the legal owner of the credit card being used to make payment for the membership by credit card.
- h. WMFDDS does not “freeze” or suspend memberships.
- i. Memberships are non-refundable and begin on the day of payment.
- j. Membership is initialized when membership fee is paid in full. The membership fee covers a membership period of 12-months from the date of initialization.

k. All payments are due in full when services are rendered.

- Initial l. It is the sole responsibility of the member to maximize their benefits by scheduling the appropriate appointments within the 12-month membership period.
- m. Unused appointments and benefits will not be refunded or carried over to the next year.
- n. Renewal payment is due 12-months from the initial sign up date. Members can opt out at any time.
- o. The membership rate is guaranteed for one year.
- p. *Patients are eligible for the child membership fee if they have not yet reached their 16th birthday AND still have a primary or “baby” tooth in the mouth at the time of membership enrollment. If the patient has already lost all their primary teeth, an adult prophylaxis cleaning will need to be performed so the patient must enroll for an adult membership.
- q. ** Patients with periodontitis that require periodontal maintenance treatment may apply the value of the preventive cleaning fees toward the periodontal maintenance fees. The 10% discount may be applied to the difference in fee and to all other treatment.
- r. There is a special membership fee of \$169/year for patients requiring supportive therapy solely with a periodontist. This membership does not include the benefit of the 2 preventive cleanings. All other membership benefits apply.
- s. The member agrees and understands that they are entering into a binding contract by accepting the Terms and Conditions.

3. Member Responsibilities

- a. Applicants are responsible for ensuring that all application details provided to WMFDDS are correct.
- b. Members must agree that they will not allow any use of WMF MP by third parties.

4. Fee Schedule

- a. Each Member is entitled to receive discounts on specified services when receiving care from WMF DDS. Members are entitled to receive certain dental services from WMFDDS providers at predetermined rates based on the normal fee schedule and for a percentage discount off the normal prices for such dental services.
- b. Members must pay the balance of that day’s services directly at the time of Service unless otherwise agreed upon between WMFDDS and the Member.
- c. The WMFDDS Fee Schedule is subject to change without notice.

5. Payment Terms

- a. Memberships will last for twelve months from the date of payment, or from a stated commencement date provided by WMFDDS. WMFDDS may offer memberships that last for longer or shorter periods for promotional reasons.
- b. Memberships will be based on individual coverage.
- c. Credit cards may be used to pay for memberships. We accept Visa, MasterCard, and Discover.
- d. Care Credit and other third-party or in-house financing plans *cannot* be used in conjunction with the WMF MP.
- e. Members must pay the balance of that day’s services directly at the time of Service unless otherwise agreed upon between WMFDDS and the Member. **If payment cannot be made in full in cash, check or credit card on the date the service is rendered, the membership discount will not be applied.**
- f. WMFDDS does not issue membership until a successful payment has been confirmed.
- e. WMFDDS will have the right to refuse or cancel any applications placed for memberships at the incorrect price in the event a membership is listed at an incorrect price or with incorrect information due to a typographical error or error in pricing or product information.
- g. WMFDDS shall have the right to refuse or cancel any such orders whether or not the order has been confirmed and your credit card charged. WMFDDS shall immediately issue a credit to your account in the amount of the charge if your credit card has already been charged for the purchase and your order is cancelled.
- g. WMFDDS may also accept other methods of payment at their discretion. These may include payment over the phone, direct deposits, checks, and money orders. WMFDDS is under no obligation to accept payment by these alternate methods. Please contact WMFDDS for payment alternatives.

6. Membership Renewal

- a. WMFDDS may, but is not required to, give notice via mail, email, or telephone that your membership will be expiring, prior to the expiration date identified in your membership confirmation.
- b. It is the responsibility of the members to supply WMFDDS with current payment information to process a membership renewal without a lapse in membership.
- c. In any event, it is the responsibility of the member to ensure that WMFDDS has received payment for membership prior to the expiration date in order to renew without lapse in membership and subsequent benefits. WMFDDS is not responsible and assumes no liability to any member for failure to provide WMFDDS with current payment information for membership renewal.
- d. Membership rates and renewal fees are subject to change without notice.
- e. Membership renewal is not guaranteed. The program may be eliminated without notice.

7. Privacy/Security Matters

- a. WMFDDS may need to collect certain personal information from individuals in order to grant memberships. WMFDDS may contact you to ascertain particulars that would improve the services provided to members.
- b. WMFDDS will not disclose your information to third parties. Information may be used in order to improve services provided to members and visitors to the WMFDDS website. References can be made to the WMFDDS Privacy Policy for a detailed explanation of the use of Personal Information.

8. Governing Law

- a. These Terms and your dealings with WMFDDS are subject to the laws of Idaho.

9. Disclosures

- a. THIS MEMBERSHIP PLAN IS NOT INSURANCE. WMFDDS is not an insurance provider and no membership benefits are in the form of any insurance coverage. If you have any questions regarding your insurance, please contact your insurance provider directly.
- b. This membership plan only provides discounts for certain dental services provided by WMFDDS. This does not include goods or products purchased at WMFDDS.
- c. Members are required to pay for all dental services on the day the service is provided, but may receive a discount on certain services as contemplated by the membership terms and conditions.

10. Limitations and Exclusions

- a. Non-compliance with recommended course of treatment.
- b. Services which in the opinion of the attending dentist are neither indicated, reasonable or justifiable.
- c. Oral surgery requiring the setting of fractures or dislocations or other treatment beyond the scope or comfort of the provider.
- d. Hospital benefits for any dental procedure.
- e. General anesthesia.
- f. Services for injuries or conditions which are covered under Worker’s Compensation or Employers Liability laws.
- g. Services which are provided without cost to the member by any municipality, county or other political subdivision.
- h. Services that cannot be performed because of the general health, physical or psychological limitations of the patient.
- i. Periodontics, endodontics, oral surgery, orthodontics, pedodontics, or other procedures requiring the services of non-participating dentist.
- j. Membership **cannot** be combined with any dental insurance coverage.
- k. Membership **cannot** be combined with any other discount or financing plan.
- l. Membership is not transferable, nor refundable.
- m. Discounts under the membership do not apply to any treatment rendered prior to joining.
- n. Discounts only apply to treatment performed in our office. Any treatment referrals to specialists are not covered by your membership plan.
- o. Discounts do not apply to medication or other supplies dispensed.
- p. Our membership is NOT a dental insurance plan, and can only be used at the office of Whitney M. Frank, DDS.

Patient Signature: _____

Patient Printed Name: _____

Date: _____