

TERMS OF AGREEMENT

I wish to become a member of Dr. Pierpont's in-office Dental Savings Plan and when submitting this membership application understand and agree to the following:

- Annual fee is non-refundable/non-transferable.
- This is not a health insurance plan
- Membership discounts are only valid through the office of Dr. Brittany Pierpont
- Our plan is for you and is not assignable to another person.
- There is a one-year limit (from time of sign up, NOT calendar year) for a patient's completion of all services in the plan
- Payment is due at time of service
- Discounts may vary for Care Credit account usage
- Work started before end of the plan year will be completed if the work can be finished within one month after the expiration of the plan year (at Dr. Pierpont's discretion).
- It is the responsibility of the patient to make sure he/she receives and shows up for his/her cleaning and x-ray appointment. If patient fails to show for their scheduled cleaning appointment without proper notice, this service will be forfeited.
- *Please note:* Advance notice of at least two business days is required to cancel or reschedule appointments. There is a \$50 fee for broken appointments without at least 48 hour notice.

**Complete details are available
by calling our office at 727-363-6169**



Brittany Pierpont, DDS General and Cosmetic Dentistry

**727-363-6169
8351 Blind Pass Rd.
St. Pete Beach, FL 33706**

PIER DENTAL is a privately owned dental practice that values ethics, honesty, and personalized dental care. It is our goal as a team to provide you with the most comprehensive dental services aimed at achieving oral health, in a comfortable, relaxing, and caring environment.

"Treating every patient like family" is Dr. Pierpont's philosophy. She is a compassionate dentist who takes the time to get to know each patient and their treatment needs. Dr. Pierpont strongly believes in ethical, conservative dentistry, and is constantly enhancing her education and training by attending world class continuing education classes. Communicating transparently and educating patients, along with creating a comforting environment and trust, is Dr. Pierpont's goal with every patient.

**www.pierdental.net
727-363-6169**



MEMBERSHIP PLAN



**Treating every patient
like family.**

**Our convenient money-saving plan
can help keep you and your
loved ones smiling!**

**www.pierdental.net
727-363-6169**

Affordable Dental Care for All...Now!

Getting affordable quality dental care for you and your family is now easier than ever with a **Pier Dental Membership Plan**. Dr. Brittany Pierpont understands the importance of affordable dentistry and wants her patients to receive the care they need within a budget they can afford.



Unlike dental insurance, our in-house savings plan has:

- **No deductible**
- **No monthly fees**
- **No waiting periods**
- **No pre-authorizations**
- **No yearly maximums**
- **No waiting for insurance claims to process or reimbursements**

AVAILABLE PLANS:

Adult | \$399/yr

Child (12-17) | \$310

For 12 months of coverage!

For Families:

First family member \$399

Second family member \$399*

Third or more member: \$310*

*(Family members must reside in the same household, and may not be substituted for one another.)

Our plan covers:

- **Two adult prophylaxis (cleanings) or periodontal maintenance cleanings a year**
- **1 set of check-up x-rays**
- **1 Exam and oral cancer screening**
- **Fluoride treatment**
- **Oral hygiene instructions**

Your Plan Includes:

ONE EXAM

- **New patient/comprehensive exam; or**
- **Periodic exam**

DENTAL X-RAYS

- **Panorex or FMX (one every three years of membership); or**
- **Bitewings (one set per year)**

CLEANING & PREVENTATIVE CARE

- **Adult Cleaning (two per year); or**
- **Perio Maintenance (two per year); or**
- **Child Cleaning (two per year); and**
- **One Fluoride treatment (one per year)**

10% DISCOUNTS ON OTHER SERVICES:

Other In-Office Services to be completed within 12 months of enrollment (not calendar year) with no annual limits and no rollovers:

- **Fillings**
- **Extractions (oral surgery)**
- **Crowns/Bridges**
- **Inlays and Onlays**
- **Dentures/Partials**
- **Root Canals**
- **Cosmetic Dentistry (veneers)**
- **Exams and X-rays**
- **Implant restorations**

MEMBERSHIP APPLICATION

Date _____ New application Renewal

First Name _____

Last Name _____

SSN# _____ DOB _____

Address _____

City _____ State ____ Zip _____

Phone _____

Email _____

ADDITIONAL FAMILY MEMBERS TO BE COVERED:

Name & Relationship _____

Date of Birth _____ SS# _____

Name & Relationship _____

Date of Birth _____ SS# _____

Name & Relationship _____

Date of Birth _____ SS# _____

Please note: Before signing and submitting membership form, please read terms of agreement on reverse side of this flap.

Signature of applicant, parent or guardian

Date _____ Total enclosed _____