CORNERSTONE
DENTISTRY

Cornerstone Dentistry Self-Pay Plan

Two Cleanings Per Year*1 .... Up to $350 value

Two Examinations .... Up to $195 value
(New Patient Comprehensive and/or Periodic Hygiene)

Necessary X-Rays*2 .... Up to $230 value
(Routine Diagnosis at Cleaning Appointments)

Credit Toward Additional Dental Work*3 .... Up to $150 Value

Fluoride Treatments as Needed .... Up to $150 Value

Plus these huge cash discounts:

- 10% Savings on all non-elective general dentistry procedures. (Fillings, crowns, root canals, dentures, sealants, etc.)
- 10% Savings on all purely elective cosmetic dentistry procedures, including orthodontics, and porcelain veneers.
- 10 % Savings on implant procedures.
- No "maximums", no "waiting periods", no "insurance red tape".
- No Credit Card service-fee upcharges.

It's not insurance, it's better!

The annual fee*4 to become a member of Cornerstone Dentistry Self-Pay Plan is patient's choice of:

______ Option #1: 1 payment of $499 or $449 for additional immediate*5 family (Save $50)

______ Option #2: 4 consecutive monthly payments via credit card automatic payment of $137.25 (Total of $549)

Note: Additional immediate family members receive a $50 membership discount.

Patient Name & Number ____________________

Additional Family joining at same time ____________________

Enrollment Date ____________ Expiration Date ____________

These are very significant savings which we are pleased to offer you. However, we can only afford to do so with your cooperation,so we ask that you please agree to the following:

1. Please make payments in full at the time of service. (Any type of financing arrangement will reduce the benefit discounts by 5%.)
2. Please attend all scheduled appointments at the scheduled time.
3. Please give us at least 2 business days notice if it's absolutely necessary to reschedule an appointment.
4. A $75 flat fee will be charged for any violations of agreements 2 or 3.
5. Please comply "reasonably" with Dentist's recommendations for your dental health.
6. Please provide feedback via the online reviews to help us know how we are doing.
7. Please refer your friends, family, coworkers, etc. if you are happy with our services.

Limitations and Exclusions

1. Does not include treatment for periodontal disease (Scaling and Root Planing). It does include periodontal maintenance cleanings, but 3 - 4 per year are usually required after periodontal disease treatment. The additional will qualify for the 10% savings.
2. Bitewing x-rays and Panoramic x-rays as necessary at cleaning appointments. If additional x-rays are necessary at other visits for diagnosis, they will qualify for the 10% savings.
3. The credit is never refundable should it not be used for treatment.
4. The term of the savings plan is 12 months from the date of signing.
5. Immediate family members include spouses and dependant children.
6. Savings/ benefits do not extend beyond the term for any reason other than renewal.
7. These savings are limited to services that can be performed by Cornerstone Dentistry per the doctors' discretion. Any procedure that is referred to another provider will not be included.
8. Excluded are "Botox," dermal fillers, Arestin, and all products sold in the office, such as electric toothbrushes, water flossers, bleaching kits, etc.
9. Services which are covered by Workers Compensation or medical insurance are excluded.
10. Ongoing treatment like orthodontics or extensive restorative work that has been initiated prior to enrollment is excluded.
11. Remakes of lost or broken retainers or bleaching trays are excluded.
12. The savings cannot be combined with other discounts or special offers that may be offered through the internet, mailings, coupons, etc.
13. Patients with dental insurance are not eligible. If a patient obtains dental insurance during the term of membership, they can either opt out of the membership with no refund or continue to pay in full and be reimbursed directly by the insurance company.

Patient Signature ______________________________ Date __________________

Cornerstone Dentistry ______________________________________