

Enrollment Agreement
PRESIDENTIAL PLAN
MEMBERSHIP/DISCOUNT DENTAL PLAN

1. Plan Effective Date: _____

Member's Info:

2. Last Name: _____

3. First Name: _____ Middle Name/Initial: _____

4. Date of Birth (MM/DD/YYYY): _____

5. Gender: [] Male [] Female

6. ADDRESS: _____

City: _____ State: _____, ZIP _____

7. Direct or Cell/Mobile Number: _____

8. Other Contact Number if any: _____

9. Email Address: _____

10. EMERGENCY CONTACT PERSON: _____

11. EMERGENCY PHONE NUMBER: _____

Plan Choice: Check the Appropriate Box

RED Plan

5-Year Membership Fees: \$2,995.00

Payment Options:

[] **Payment in Full: \$2695.00** (Two Thousand Six Hundred Ninety-Five Dollars)

[10 % (ten percent) Discount if paid in full]

[] **Half Total Down: \$1,995.00** (One Thousand Nine Hundred Ninety- Five Dollars) due at signing and auto-deduction from checking/savings account or credit card charge of **\$100.00** (One Hundred Dollars) per month for next 10 months (monthly payment to be paid on or before 7th day of the calendar month and subject to late payment. See Terms & Conditions)

[] **24 Month Payments: \$3288.00** (Three Thousand Two Hundred Eighty -Eight Dollars) auto-deduction from checking/savings account or credit card charge of **\$137.00** (One Hundred Thirty Seven Dollars) per month for next 24 months (monthly payment to be paid on or before 7th day of the calendar month and subject to late payment. See Terms & Conditions)

WHITE Plan

5-Year Membership Fees: \$4,995.00

Payment Options:

[] **Payment in Full: \$4495.00** (Four Thousand Four Hundred Ninety-Five Dollars)

[10% (ten percent) Discount if paid in full]

Initial: _____

Half Total Down: \$2,995.00 (Two Thousand Nine Hundred Ninety-Five Dollars) due at signing and auto-deduction from checking/savings account or credit card charge of **\$200.00** (Two Hundred Dollars) per month for next 10 months (monthly payment to be paid on or before 7th day of the calendar month and subject to late payment. See Terms & Conditions)

24 Month Payments \$5496.00 (Five Thousand Four Hundred Ninety- Six Dollars) auto-deduction from checking/savings account or credit card charge of **\$229.00** (Two Hundred Twenty Nine Dollars) per month for next 24 months (monthly payment to be paid on or before 7th day of the calendar month and subject to late payment. See Terms & Conditions)

BLUE Plan

5-Year Membership Fees: \$8,995.00

Payment Options:

Payment in Full \$8,095.00 (Eight Thousand Ninety -Five Dollars)

[10% (ten percent) Discount if paid in full]

Half Total Down \$4,995.00 (Four Thousand Nine Hundred Ninety- Five Dollars) due at signing and auto-deduction from checking/savings account or credit card charge of **\$400.00** (Four Hundred Dollars) per month for next 10 months (monthly payment to be paid on or before 7th day of the calendar month and subject to late payment. See Terms & Conditions)

24 Month Payments: \$9888.00 (Nine Thousand Eight Hundred Eighty- Eight Dollars) auto-deduction from checking/savings account or credit card charge of **\$412.00** (Four Hundred Twelve Dollars) per month for next 10 months (monthly payment to be paid on or before 7th day of the calendar month and subject to late payment. See Terms & Conditions)

CREDIT CARD AUTHORIZATION:

NAME OF THE CREDIT CARD HOLDER _____

CARD NUMBER: _____

EXPIRATION DATE: _____

SECURITY CODE: _____

SIGNATURE OF THE CREDIT CARD HOLDER: _____

BANK CHECKING/SAVINGS ACCOUNT CHARGE (DEBIT) AUTHORIZATION:

BANK: _____

ADDRESS: _____

CHECKING/SAVINGS ACCOUNT NUMBER: _____

ACH ROUTING #: _____

BY ENROLLING AS A MEMBER, YOU ARE AUTHORIZING PRESIDENTALPLAN (PDP) TO BILL YOUR CREDIT CARD OR CHARGE YOUR CHECKING/SAVINGS ACCOUNT FOR THE FEES OF THE PLAN YOU HAVE SELECTED. THIS CHARGE SHALL REMAIN IN FORCE UNTIL YOU NOTIFY PDP IN WRITING OF ITS CANCELLATION OR CHANGE IN ACCOUNT OR CREDIT CARD.

BY SIGNING THIS, I AUTHORIZE THE FINANCIAL INSTITUTION (BANK) NAMED ABOVE TO DEBIT MY SAVING/CHECKING ACCOUNT FOR MEMBERSHIP FEES FOR PRESIDENTAL PLAN PAYMENTS. I HAVE READ AND AGREE TO BE BOUND BY THE TERMS AND CONDITIONS OF THE MEMBERSHIP AGREEMENT. ANY LATE PAYMENT IS SUBJECT TO \$100.00 ADMINISTRATIVE LATE FEES CHARGES AND DELINQUENT ACCOUNTS WILL BE SUBJECT TO ASSIGNMENT TO A COLLECTION AGENCY. A \$100.00 CHARGE WILL BE ASSESSED FOR ALL RETURNED/BOUNCED CHECKS.

X _____

FULL SIGNATURE OF THE MEMBER/GUARDIAN

Initial: _____

Additional Terms and Conditions

This Plan is a discount membership plan and is being administered by PresiDental Plan (“PDP”). All communications may be sent to PresiDental Plan LLC, located at 401 Commerce Drive, Suite 100, Fort Washington, PA 19034.

PresiDental Plan is not a licensed insurer or other underwriter of healthcare services. This is not a dental insurance plan. Coordination of benefits with insurance plans is not applicable.

1. Plan Benefits

Each member shall be entitled to receive certain dental services in accordance with the specific plan purchased (see plan details). Plan changes, modifications, or substitutions may be made from time to time subject to reasonable notifications to the member. The member will need Picture ID card to present at the time of enrollment and prior to obtaining any dental service.

2. Membership Effective Date

A member will be entitled to all dental services provided under the plan selected effective as of the time of receipt of funds by PDP for the payment of the membership fees, in accordance with the billing cycle of the plan selected.

3. Authorization for Payment

By enrolling as a member, you are authorizing PDP to bill your credit card or debit your checking/saving account for the fees of the plan you have selected. This charge shall remain in force until you notify PDP in writing of your intent to cancel. Member agrees to promptly notify PDP of any change in credit card or banking information.

The copayment for dental services, if any, shall be paid in full at the time of the service.

4. Termination

PDP reserves the right to terminate plan members from its plan for any reason, including non-payment.

5. Early Termination Policy

If the member wishes to terminate his/her membership before the end of the term, the following shall apply: [i] If there is no utilization of services during the membership period then the member shall forfeit/pay twenty (20%) percent of the full enrolled plan fees to cover administrative charges; or [ii] if there is utilization of services during the membership period, the member is responsible for the payment of the balance of the enrolled plan fees for the remainder of the term, or the regular office fees/charges for the services provided, whichever amount is less.

6. Upgrading the Plan

Plans may be upgraded to the next level (i.e. from Red to White or Blue, and from White to Blue). Upgrades will commence a new membership period and will be subject to new contract/membership year terms with appropriate adjustments made for utilization of services. Plans are not subject to downgrade (i.e. Blue Plan to White or Red, and White Plan to Red)

Initial:_____

7. Limitations

The plans are designed to provide general dental care. The plans do not cover complex and specialty services such as complex surgical extraction, complex root canals, implants, periodontal surgery and care for advanced *Periodontics*. Children and adults requiring special care and procedures that are above and beyond the limits of general dentistry are not covered. In-house dental professionals will determine, in their sole discretion, whether the procedures are complex or require special care. Benefits or reduced fees are for one service for each tooth or arch per contract/membership period. Regular fees will apply for re-doing services in the same contract/membership years unless the material of the prosthesis is defective.

Optional in-house specialty services, if available, are provided at reduced cost (applicable plan discounts are taken off the regular price). Cosmetic dentistry services such as bleaching of teeth, veneers, or related cosmetic material lab charges are to be covered at a reduced price (applicable plan discounts are taken off the regular price).

Please refer to procedure description and applicable fees schedule for each plan.

8. Privacy

Your privacy is important to us. We will therefore not sell, rent or provide your personal information to unauthorized entities or other third parties for their independent use without your consent.

9. Default

In the event of default by member, including non-payment of membership fees, the member shall be liable for costs and expenses, including reasonable attorney fees incurred by PresiDental Plan LLC in enforcing this agreement. If the account is forwarded to an outside Collection Agency, the member is responsible to pay the collection fee: 40% of the outstanding balance or \$100, whichever is greater. (Subject to the maximum allowed by law)

10. Governing Law

This agreement shall be governed and construed in accordance with the laws of the Commonwealth of Pennsylvania and member agrees that any dispute arising out of this agreement shall be subject to the jurisdiction of the courts of Montgomery County, Pennsylvania.

11. Entire Agreement

This agreement together with the membership enrollment form and the description of the plan constitutes the entire agreement between the parties. Any other representations shall be of no force or effect.

I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS OF ENROLLMENT AS SET FORTH IN THIS AGREEMENT.

X _____
FULL SIGNATURE OF THE MEMBER/GUARDIAN

Initial:_____