

Membership Fees/Year:

New Patient: \$475 - Current Patient: \$399

Perio maintenance add-on fee \$250 each/year may be added if patient requires SRP services



ENROLLMENT FORM

Questions?
Please call us today!
573.635.6080
Updated 6/1/2022

Applicant Name: _____ Date of Birth: ___/___/___

Please include new patient paperwork or current health history update with this enrollment form (including both signatures) for each applicant and a photo ID for the responsible party.

Additional Members:

_____ Date of Birth: ___/___/___

_____ Date of Birth: ___/___/___

_____ Date of Birth: ___/___/___

_____ Date of Birth: ___/___/___

_____ Date of Birth: ___/___/___

_____ Date of Birth: ___/___/___

Office use only:

Current or New	\$ _____
Additional #1	\$ _____
Additional #2	\$ _____
Additional #3	\$ _____
Additional #4	\$ _____
Additional #5	\$ _____
Additional #6	\$ _____
TOTAL DUE:	\$ _____

Note: Perio Add-On \$250 each

Fees due in full at time of enrollment. Payment Method:
Cash Check Credit/Debit Card CareCredit Paypal
(Personal checks only accepted from current patients of record.)

I agree to all of the Dental Wellness Membership fees and guidelines and to uphold all office policies. My membership will renew annually unless I request otherwise in writing within 30 days of expiration.

Signature of Responsible Party - Contact Info on Patient Form Date

Membership Includes:

- Two exams, two healthy-mouth cleanings (no perio disease as diagnosed), bitewing X-rays (up to 7-8 new, 4 current)
- Kids under 14 receive up to two free fluoride varnish treatments - One free emergency exam and PA X-ray
- Perio Add-On includes up to 4 perio maintenance appointments after SRP treatment.
- 10% off crowns, root canals, dentures, fillings, extractions, additional imaging, whitening trays, implants
- Discount does not apply to retail items or lab fees/repairs.
- "Current patient" = full exam completed within last two years.

Membership Guidelines:

- Additional services due at the time of service: a deposit may be required to reserve an appointment. Services not paid in full will be billed at the usual and customary/non-discounted rate.
- Membership lasts 1 year from enrollment; services not completed will be forfeited. All fees are non-refundable/transferrable.
- Membership does not cover any services provided outside of Riverbend Dentistry; specialist referrals may be necessary.
- Membership fee discounts do not apply to any office-wide special pricing promotions.
- Current patients' accounts must be in good standing--no past due balances or missed appointments within the last six months.
- Two cleanings and exams must be scheduled at enrollment; clinical staff may determine deep cleanings are necessary.
- Must follow all Riverbend Dentistry office policies including missed appointments will result in an additional \$75 fee. Members may be dismissed from the practice after two "missed" appointments or for non-payment; enrollment fees are non-refundable.
- Membership terms may be altered each year by Riverbend Dentistry prior to re-enrollment.
- This is NOT insurance and should not be construed as such; it cannot be used with dental insurance.

Office use only:

- | | | |
|--|--|--|
| <input type="checkbox"/> New patient form/health hx update | <input type="checkbox"/> Copy of ID | <input type="checkbox"/> Current account in good standing |
| <input type="checkbox"/> Completed enrollment form | <input type="checkbox"/> Scheduled cleanings | <input type="checkbox"/> No missed appointments within 6 months of application |
| <input type="checkbox"/> Payment received | <input type="checkbox"/> Entered by _____ | MEMBERSHIP START DATE: ___/___/___ |