



Terms and Conditions

Discount plan

As a member of DentalPerks you are entitled to a predetermined reduced cost of Services that DentalPerks has pre-negotiated with the Dentists on your behalf. A List of Services and Fees is included in this package for your information and can also be downloaded from our website at: www.dentalperks.com.

The DentalPerks Member is responsible for paying the fees listed on the List of Services and Fees at the time treatment is received.

There are no waiting periods and no yearly maximums.

The yearly membership premium is due with submission of this application.

If the contract is cancelled before the end of the contractual year there will be no refund returned from DentalPerks. This yearly contract can be cancelled at the end of the year term by sending a written cancellation request by mail. DentalPerks should be in receipt of the written cancellation notice 30 days prior to the end of the contract. If no such notice is received by DentalPerks, the contract will automatically be renewed for another year.

I hereby certify that I have read this document and that the information provided is accurate and complete to the best of my knowledge and that I will abide by the rules and stipulations of this contract.

Date Requested for Membership Enrollment: _____

Signature of member: _____ Date: _____

Print Name of Member: _____

Dated at: _____ (City and State)

Signature of Agent/producer: _____ Date: _____

OFFICE USE ONLY

Agent/Producer Information:
Name (print) _____ RO/Partner/Associate number _____

DentalPerks processor information:
Name (print) _____ ID/RO/Partner number _____

Date of Membership Approval: _____