



MEYER FAMILY DENTISTRY

24 Rochester Road
Northwood, NH 03261
(603) 942-8000

KIMBERLY MEYER, DMD

Meyer Wellness Membership Plan Details

I, _____ understand and agree to the following terms:

- They Meyer Wellness Membership plan is based on 12 months, and therefore the start date will be the first payment date, and runs 12 months from that payment date.
- I understand payments are automatically charged on the first of each month after my initial payment, to my credit card or debit card on file.
- I understand if my card is declined, I may not be eligible to remain on the plan
- I understand that I must update the office with 15 days of notification of a declined payment.
- I understand no insurance may be billed for the same service while on this membership plan, and no discounts may be applied in addition to this plan.
- I understand that the 10% discounted rates for fillings, simple extractions, crowns and sealants are only valid if paid in full at the time services are rendered.
- I understand that cleanings rescheduled at my request that fall outside of the 12 month membership timeframe may not be eligible for coverage under my plan.
- I understand that 30 days written notice is required to be removed from the plan, and previously paid months are not reimbursable or eligible for credit.

I agree to Meyer Family Dentistry billing _____ to my credit or debit card on file on a monthly or annual basis (to be determined at the time of my registration).

MEMBERSHIP DATE: _____

MONTHLY PREMIUM: _____

Meyer Wellness Membership Plan Registration

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|---|--|
| PRIMARY MEMBER (Responsible Party) | |
| Last Name: | DOB: |
| First Name: | Preferred Name: |
| Phone Number () | |
| Email Address: | |
| Choose Plan: Adult <input type="checkbox"/> | Perio Maintenance <input type="checkbox"/> |

| | |
|--|-----------------|
| SECONDARY MEMBER | |
| Last Name: | DOB: |
| First Name: | Preferred Name: |
| Choose Plan: Adult <input type="checkbox"/> Child (12 and under) <input type="checkbox"/> Perio <input type="checkbox"/> | |

| | |
|--|-------------------|
| Dependent #1 | 10% plan discount |
| Last Name: | DOB: |
| First Name: | Preferred Name: |
| Choose Plan: Child (12 and under) <input type="checkbox"/> Adult (13 to 18) <input type="checkbox"/> | |

| | |
|--|-------------------|
| Dependent #2 | 10% plan discount |
| Last Name: | DOB: |
| First Name: | Preferred Name: |
| Choose Plan: Child (12 and under) <input type="checkbox"/> Adult (13 to 18) <input type="checkbox"/> | |

Office Use Only Approval: _____ Date: _____