

Advanced Dentistry of Charlotte “VIP Private Care Savings Program” Agreement

This agreement between **Advanced Dentistry of Charlotte (“Dentist”)** and _____
_____ (“Patient”) is established on _____, 20____ and will
expire on _____, 20____. For this period of 12 months, Advanced Dentistry of
Charlotte is pleased to include the following benefits for the annual membership fee (specified below):

- ✓ **Two complete professional “6 month” cleanings (not including periodontal treatment).**
- ✓ **Two complete exams (new patient and/or periodic) by doctor during the hygiene visits.**
- ✓ **One complete annual required x-ray series (bitewings or full mouth series only).**
- ✓ **15% Savings on all non-elective general dentistry procedures, including treatments for periodontal disease.**
- ✓ **20% Savings on all purely elective cosmetic dentistry procedures, including Six Month Smiles, Invisalign and porcelain veneers (minimum of 4 teeth).**
- ✓ **25% Savings on a complete oral cancer screening with the latest fluorescence technology by Velscope.**
- ✓ **No “maximums”, no “waiting periods”, no “exclusions”, no “red tape”.**
- ✓ **75% Savings on professional teeth whitening plus FREE “Whitening Forever” services (includes 1 free whitening gel syringe at every attended hygiene visit, forever).**
- ✓ **10% Savings on all dental products.**

Savings based on payment in full. Savings with other payment methods, such as financing, less 5%.

Total Value: Minimum \$830 to Unlimited, depending on savings on dentistry.

The annual fee to become a member of the VIP Private Care Savings Program is “Patient’s” choice of:

_____ **Option #1: 1 payment of \$347 (save \$50)**

_____ **Option #2: 4 consecutive monthly payments of \$99 (total of \$396)**

Note: Additional family members or co-workers may be added for \$297 each, with a minimum of 3 or more additional members.

“Patient” agrees to

- Attend all scheduled appointments at the scheduled times.
- Give minimum 2 business days notice for rescheduling appointments.
- Comply reasonably with “Dentist’s” clinical recommendations.
- Make on-time payments (maximum savings achieved by paying in full).
- Provide feedback on occasion to help us improve our services.
- Refer friends, family, coworkers, neighbors, etc. if happy with our services.