



## Alpine Dental & Wellness Discount Plan

I, \_\_\_\_\_, do hereby accept the following terms and conditions for the Alpine Dental Discount Plan.

- Payment of \$120.00 per fiscal year is the charge for this plan and must be paid in full prior to any discounted rates.
- This plan does not automatically renew. I will be asked to renew on my first visit AFTER my fiscal year has ended.
- This is NOT an insurance plan and I am responsible for all services performed.
- FULL payment is due at the time of service.
- If I am unable to pay in full, then I will be removed from the plan, charged regular office fees and Finance Charges of 9% per annum, processed monthly, until paid in full.
- I will be given estimates prior to any procedures, upon request.
- Additional costs may occur during treatment and I will be informed of these when they occur.
- This plan is offered only through Alpine Dental & Wellness and cannot be combined with any other offers.
- The plan is individual use only and is nontransferable to any other parties.
- Sign up on your first visit, no waiting or pre-payment necessary.

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Patient Signature and Date

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Office Representative Signature and Date