In-House Membership Program Acknowledgment

I understand that Woodstock Family Dental offers an **In-House Membership Program** for patients without dental insurance. I acknowledge that this membership **is not dental insurance**, cannot be combined with dental insurance, and applies only while the membership is active.

Standard In-House Membership – $379 per year (billed annually)
By enrolling, I acknowledge and agree to the following terms and benefits:

- Includes **two (2) standard cleanings per year** *or* **$146 applied toward two cleanings annually**
- Includes **two (2) periodic exams** and **one (1) limited exam** (when treatment is required)
- Includes **all necessary dental X-rays** at no additional charge during the membership year
- Includes a **15% discount** on additional dental treatment beyond the included services (All additional services are billed at UCR fees minus the 15% membership discount)

I understand that the membership fee is **non-refundable**, non-transferable, and must be paid in full annually. Membership benefits do not carry over to future years and expire at the end of the membership term.

Additional Membership Tiers

Gold Membership – $500 per year (billed annually)

- Includes all Standard In-House Membership benefits
- Includes a **20% discount** on additional dental treatment (UCR fees minus 20%)

Platinum Membership – $650 per year (billed annually)

- Includes all Standard In-House Membership benefits
- Includes a **25% discount** on additional dental treatment (UCR fees minus 25%)

☐ I acknowledge that I have read, understand, and agree to the In-House Membership benefits, terms, and limitations outlined above.

Patient Name (Print): _____
Patient Signature: _____
Date: _____