

# Cosmetic Membership Agreement

I \_\_\_\_\_, (print your name)  
on \_\_\_\_\_, (print today's date) agree to enter into the Cosmetic  
Membership Plan provided by Creve Coeur Dental.

## The Annual Benefits of this Plan are:

1. Two Dental Cleanings (X-Rays, Exam, & Cleaning) See Stipulation E
2. Included Custom Whitening Tray
3. Included Monthly Allotment of Whitening Gel
4. Reduced Cost Zoom Professional Whitening (See Stipulation A)
5. Reduced Cost Botox Injection (See Stipulation B)
6. Reduced Cost Juvederm Injection (See Stipulation C)
7. Preferred Pricing and Advanced Notice on Additional Cosmetic Services to be Added (See Stipulation D)
8. Reduced Pricing Schedule for all Dental Procedures (See Attachment A)

## The Stipulations of this Plan are:

- A. Zoom Whitening Stipulations
  - a. Reduced Cost for guest Zoom Whitening treatment is, \$175
  - b. Zoom Whitening Treatment will only be administered after patient is cleared for treatment by dentist.
  - c. Zoom Whitening Treatment can only be received twice in a twelve month period.
- B. Botox Injection Stipulations
  - a. Reduced Cost of Botox Injection is per site, Reduced Cost is, \$300
  - b. Botox Injections sites are limited to the following areas
    - i. Forehead
    - ii. Upper Lip (gummy smile)
    - iii. Temporal Mandibular Joint
- C. Juvederm Injection Stipulations
  - a. Reduced Cost of Juvederm Injection is per site, Reduced Cost is, \$250
  - b. Juvederm Injection Sites are Limited to the following areas
    - i. Vermillion borders (lip plumping)
- D. Preferred Pricing and Advanced Notice on Additional Cosmetic Services
  - a. Creve Coeur Dental will be introducing new cosmetic services.
  - b. These services will be made available at a significantly discounted rate to members of this plan with NO additional monthly charge or upgrade fee. Examples of potential new services, laser facial hair removal, plasma rich platelet treatment, etc.
    - i. While these are examples of potential new services, they are NOT a guarantee of a specific new service.
- E. Two Free Cleanings are only eligible if there is NO Periodontal Disease present.

## Financial Agreement and Cosmetic Membership Responsibilities

In exchange for these benefits, I agree to have my credit | debit (circle which applies) card charged \$30 today, as indicated above, on the 1st business day of every month here after until I complete the termination of membership document (Attachment B).

Initials[     ]

I understand this plan renews automatically with the same rate and same benefits until I notify Creve Coeur Dental to terminate my membership.

Initials[     ]

I understand I owe a total of \$49 for my first dental cleaning appointment, which will be paid in full upon completion of the first calendar year of my membership. If I decide to terminate my membership prior to completing the 12<sup>th</sup> monthly payment, then I can be billed the remainder due, between my accrued monthly payments and \$45

Initials[     ]

I understand I owe a total of \$350 for my first Zoom Whitening treatment, which will be paid in full upon completion of the first calendar year of my membership. If I decide to terminate my membership prior to completing the 12th monthly payment, then I can be billed the remainder due, between my accrued monthly payments and \$350.

Initials[     ]

If I never receive a Zoom treatment in my first year, there is no balance due from me to Creve Coeur Dental.

Initials[     ]

At no time is a refund due from Creve Coeur Dental to me. My benefits do not accrue, and there is no accumulated value in my plan.

Initials[     ]

The use of my membership is my responsibility. Creve Coeur Dental has no liability in ensuring I utilize my membership.

Initials[     ]

I understand and agree to all of the above statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff Member

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_  
Date

# **Attachment A**

## **Reduced Dental Fee Schedule**

# Attachment B

## Termination of Enrollment in the Creve Coeur Dental's Cosmetic Membership Program

I \_\_\_\_\_, no longer choose to participate in the Cosmetic Membership Program provided by Creve Coeur Dental.

I understand there is no balance from Creve Coeur Dental due to me. [\_\_\_\_\_] Initials

I understand I will no longer be charged the \$30 on the first business day of every month. [\_\_\_\_\_] Initials

I understand I will no longer be eligible for reduced fees and services at Creve Coeur Dental [\_\_\_\_\_]Initials

My Cosmetic Membership Program ends effective, \_\_\_\_|\_\_\_\_|\_\_\_\_ (enter today's date)

I understand and agree to all of the above statements.

\_\_\_\_\_  
Signature

\_\_\_\_|\_\_\_\_|\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff Member

\_\_\_\_|\_\_\_\_|\_\_\_\_  
Date