

JDWP REGISTRATION FORM

LAST NAME: _____ FIRST NAME: _____ MI: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE: (____) ____-____ SECONDARY PHONE: (____) ____-____

DOB: ____/____/____ EMPLOYER: _____

COST TO ENROLL- 1 Family Member \$369, each additional \$319

BILLING

PERSON RESPONSIBLE FOR BILL (*ONLY COMPLETE IF DIFFERENT FROM PATIENT*)

RELATIONSHIP TO PATIENT: (CHECK ONE): () SELF () SPOUSE () PARENT

NAME: _____ DOB: ____/____/____

SOCIAL SECURITY #: ____ - ____ - ____ ADDRESS: _____

PHONE: (____) ____-____

LIST ANY DEPENDANTS:

NAME	DOB	RELATIONSHIP

TOTAL DUE \$ _____

PLEASE READ DISCLAIMER AND SIGN BELOW:

Terms and Conditions of the Johns Wellness Plan:

- **Plan Commencement-** To begin treatment at these great savings, membership fees must be paid in full for the individual signing up for the plan.
- **Terms of membership** – Membership is for a 12 month period beginning the day the plan is paid in full and terminating exactly 12 months later. No early termination is refunded. Plan membership is per individual. Once plan is terminated, services default to full fees unless re-enrollment is done.
- **Preventive Services-** Cleanings may be scheduled two times per year of your sign up contract. A toothbrush, sample toothpaste, floss and oral hygiene instructions will be provided at no additional cost.
- **Basic and Major Services-** Payment is due at the time of service and no additional discount will be given unless other arrangements have been discussed and approved. All basic and major services are listed on a additional page.
- **Non-Covered Dental Services** –Any service requiring a referral to a specialty practice are not a covered benefit, such as an endodontist, periodontist, oral surgeon or any other specialty practice. Only services provided within Johns Family & Implant Dentistry are a covered benefit.
- **Missed Appointment or Cancellation without 48 Hours Notice-** A \$50 fee will be assessed for missing a scheduled appointment or not giving 48 hours’ notice. In some cases this fee may be waived.
- **Payments:** All payment are nonrefundable.
All payments are due at the time of service to receive the discount. Any services that are not paid in full at the time of service will be billed at our regular fees.
CAN NOT BE USED WITH ANY OTHER DENTAL COVERAGE
Will not cover automobile accident dental care or worker’s compensation dental care.

Please be sure to retain a copy for your personal records.

I, _____ acknowledge that I am financially responsible for payment, in full, at time of services in order to take advantage of the savings being offered on my JDWP Dental Savings Plan. If I choose not to pay at the time of service, I understand that I shall pay the customary fees for the services delivered. Furthermore, I understand the benefits, limitations, exclusions, and requirements of my JDWP program and have been given a copy for my personal records.

SIGNATURE: _____ DATE: _____ WITNESS: _____

JOHNS DENTAL WELLNESS PLAN

This plan was developed especially for patients who do not have dental insurance or whose employer no longer provides it. As regular dental care is an integral part of your overall health, we have created this plan to support you in your efforts. We hope that you utilize this plan to improve and maintain the oral health for yourself and family for years to come. Keep in mind that this plan is **not dental insurance**, but it has a number of great features that are very excited.

- *NO annual maximum benefit
- *NO waiting periods....Start your treatment today!
- *NO deductibles
- *NO claims forms or pre-authorizations
- *NO ID card necessary

BENEFITS INCLUDED ARE:

- *Two routine examinations per enrollment year
- *Two routine cleanings per enrollment year
- *All standard x-rays needed to complete annual examination
- *One emergency examination provided treatment is rendered on the same day (a value of \$107)
- *X-rays included with JDWP are yearly BW x-rays
- *IF A NEW PATIENT SIGNS UP FOR JDWP AT THEIR INITIAL NEW PATIENT EXAM THEN THE FMX or PANO WILL BE A PART OF THE PROGRAM 100%**

15% off of basic and major services.

- | | |
|-------------------------------------|--|
| *Composite fillings | *Extractions |
| *Emergency exams | *Endodontic treatment |
| *X-rays taken in the doctor's chair | *Crowns |
| *Advanced imaging (CB scan) | *Bridges |
| *Night guards | *Dentures |
| *Sealants | *Periodontal scaling and root planning |
| *Periodontal maintenance | |

***If a current patient of record needs a PANO or FMX and they have JDWP then they will receive 15% off.**

10% off implant related services.

- *Implants
- *Bone grafting
- *Sedation

BENEFITS NOT INCLUDED ARE:

- | | |
|---|-------------------------------------|
| *No discount on 6 Month Smile Program | *No discount on Velscope |
| *No discount on Varnish | *No discount on any products |
| *Treatment needing to be referred to a specialist | *Treatment prior to enrollment date |

****If Care Credit is used as your form of payment on treatment (anything other than implant related services) a discount of 5% will be applied due to finance charges the office incurs****

A LOOK AT THE SAVINGS

Healthy Mouth without JDWP

Two Cleanings	\$178
Two Exams	\$110
Standard yearly x-rays	\$67
One emergency exam	\$107

TOTAL \$462

WITH JDWP

Two Cleanings	\$0
Two Exams	\$0
Standard yearly x-rays	\$0
One emergency exam	\$0
Membership Fee	\$369

TOTAL \$369

Perio Mouth without JDWP

One per year S&RP cleaning	\$1048
Two Exams	\$110
Standard yearly x-rays	\$67
Two per year Perio maintenance	\$288
One emergency exam	\$107

TOTAL \$1620

WITH JDWP

One per year S&RP cleaning	\$890
Two Exams	\$0
Standard yearly x-rays	\$0
Two per year Perio maintenance	\$93
One emergency exam	\$0
Membership Fee	\$369

TOTAL \$1352