

SAGE DENTAL VIP 2018 PROGRAM ENROLLMENT FORM

PATIENT INFORMATION (*Required field)

Patient Name*: _____ Patient DOB*: _____

Patient Phone*: _____ Patient Email: _____

Patient Address*: _____

City*: _____ State*: _____ Zip*: _____

GUARANTOR INFORMATION (*Required field)

Guarantor Name*: _____ Guarantor DOB*: _____

Guarantor Phone*: _____ Guarantor Email: _____

Guarantor Address*: _____

City*: _____ State*: _____ Zip*: _____

Additional Family Members To Be Included In Program

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

MEMBERSHIP BENEFITS

Sage Dental offers TWO VIP Membership Options: Gold and Platinum. Subject to the Terms and Conditions of the VIP Program, members of both Plan Options receive the same substantial discounts off Sage Dental’s Usual, Customary, and Reasonable (“UCR”) fees for all applicable procedures. Discounted fees are listed on the attached VIP Fee Schedule. Fees are specific to General Dentists or Specialists. Unlisted procedures covered under the Program are discounted at 25% off Sage Dental’s UCR fees.

Members of the Platinum Plan are also entitled at no charge during the one-year Membership Term (as defined below) to any receive two (2) of the following procedures as prescribed by the dentist:

- Prophylaxis (cleanings) – Adults and Teens (D1110) or Children (D1120)
- Periodontal Scaling and Root Planing – PER QUADRANT (D4341 / D4342)
- Scaling in presence of moderate/severe gum inflammation (D4346)
- Periodontal Maintenance (D4910)
- Full Mouth debridement (D4355)

Please select from the following plans. Family is two (2) adults and two (2) teens or children who live in the same household. Additional members may be added at the applicable fee below.

GOLD: **Family \$299** **Adult (20+) \$129** **Teen (13-19) \$89** **Child (0-12) \$49**

PLATINUM: **Family \$499** **Adult (20+) \$189** **Teen (13-19) \$149** **Child (0-12) \$99**

PAYMENT INFORMATION

The Annual Membership Fee may be paid using any of the following methods: debit card, credit card (Visa®, MasterCard®, AMEX®, and Discover®), or personal check. Payment of the Annual Membership Fee and any renewal Annual Membership Fee will be made as requested by the Member by a charge against the Member’s debit card or credit card or by personal check as authorized by the Member for the full amount of the applicable Membership Fees.

Enrollment/Payment Date: _____ Payment Amount: \$ _____

Pay by: Debit Credit Card Visa MasterCard AMEX Discover Check

Credit/Debit Card #: _____ Expiration Date: _____ CVV#: _____

Name on Credit Card: _____

Please Print

Authorized Signature: _____
Sign as the back of credit card

Check#: _____ Check Date: _____

**PLEASE BRING THIS ENTIRE FORM TO YOUR APPOINTMENT OR MAIL TO:
Sage Dental Management, LLC, 951 Broken Sound Pkwy, #250, Boca Raton, FL 33487, Attention: VIP Discount Program**

TERMS AND CONDITIONS

- Binding Agreement and Non-Refundable Membership Fee. Sage Dental's VIP Discount Program (the "Program") is a program offered by the dental practices (the "Sage Dental Practices") affiliated with Sage Dental Group of Florida, PLLC, and Sage Dental Group of Georgia, LLC (collectively "Sage Dental"), the member benefits of which are available exclusively at Sage Dental Practices in Florida and Georgia (as listed on Sage Dental's website at www.mysagedental.com). The Membership Fee is non-refundable upon the sooner of the date when a discounted dental service is performed or the 30th day after enrollment. By signing below and paying the applicable Membership Fee, member is enrolling himself or herself and any other designated individuals into the Program, and member is agreeing to all of these Terms and Conditions ("Terms") of the Program.
- Membership Term; No Automatic Renewal. Once the Membership Fee is paid and received by Sage Dental, members will be entitled to all discounted dental services at any Sage Dental Practice in Florida and Georgia for a one-year period from the date of purchase (the "Membership Term"). Members must renew their membership before the Membership Term expires in order to continuously receive discounted fees under the Program.
- Description of the Program. **This Program is NOT insurance and discounts granted under the Program are not insurance benefits. Members must be 18 years old to enroll.** If a member is under 18 years old, a parent or guardian's signature is required. Sage Dental reserves the right to request identification of any member or to request proof of dependency by asking the parent or guardian to provide a birth certificate or adoption certificate.
- Duplication of Benefits. The Program may be duplicative of any dental insurance plan or benefits a member may have. Please see the exclusions listed in Paragraph 5 regarding these duplicative services. Only the dental procedures listed on Sage Dental's website at www.mysagedental.com are included. Members may incur out-of-pocket fees and expenses. Members acknowledge the dentist(s) and specialist(s) they select as their provider(s) may not perform all related dental services and that the age of patients treated varies by each dentist and specialist. Members authorize the dentist or specialist who renders services to members or their family under the Program to make available to all other Sage Dental Practices their dental records and information regarding such services to the extent permitted by applicable law. Members are subject to the Sage Dental policies in effect from time to time.
- Exclusions from the Program. Discounts under the Program shall not apply to treatment paid in full or in part by insurance. Sage Dental does not coordinate any dental or medical benefits. Discounts under the Program cannot be applied to insurance copayments or deductibles. Discounts under the Program cannot be combined with medical and dental insurance benefits, other special offers or sales promotions advertised by Sage Dental, any third-party discounts, coupons, offers, or other dental discount plan benefits. Discounts under the Program shall not apply to any treatment started prior to or after each patient's Membership Term. The Program excludes all retail products, all Invisalign® procedures, and any other procedures listed as excluded on Sage Dental's website at www.mysagedental.com. Only patients with healthy gum tissue as determined by a Sage Dental dentist or specialist are eligible for prophylaxis cleanings. Patients diagnosed with periodontal diseases may require periodontal therapy and procedures, which have associated fees that are greater than those fees charged for prophylaxis cleanings for patients with healthy gum tissue.
- Right to Refuse Membership; Right to Cancel Membership; Right to Refuse Treatment to Member. Sage Dental reserves the right to refuse membership into the Program to any person at its discretion for any reason not prohibited by law. The membership may be revoked and canceled if such member does not comply with the policies of Sage Dental, including by reason of failing to make prompt payment for any procedure, for failing to pay any cancellation fee for missing an appointment, for failing to pay any fee when due, or for providing false or misleading information to Sage Dental. Immediately upon any cancellation of membership all benefits shall cease. Sage Dental's dentists, specialists, and hygienists may refuse treatment to any member who fails to abide by these Terms, or who fails to follow a dentist's, specialist's, or hygienist's medical advice, referral, or treatment plan.
- Schedule of Fees for the VIP Discount Program. Membership benefits are limited to the discounted fees as specified in the VIP Fee Schedule provided. **Program fees are minimum fees only.** The VIP Fee Schedule is effective as of **January 1, 2018.**
- Changes to Fees. VIP Fees for each procedure are reviewed and updated annually (including the addition of fees for new procedures offered from time to time). VIP Fees shall remain fixed and not increase during each calendar year, except, however, that Sage Dental reserves the right to correct (and adjust) any fee at any time for billing or clerical errors, without prior notification to members. The applicable fee for any procedure performed is the VIP Fee in effect at the time each such procedure is started. If a member wishes to confirm whether a discount is available for a particular procedure or treatment, or wishes to confirm the current fee for a particular procedure or treatment, the member should first contact Sage Dental. Sage Dental reserves the right to increase or decrease the Membership Fee for a future Membership Term.
- Changes to these Terms. These Terms and the dental procedures eligible for discounts under the Program are subject to change, modification, or substitution from time to time as published on Sage Dental's website, and members shall be bound by all such changed Terms as and when published. Members are responsible for reviewing the most recent Terms on Sage Dental's website. Members have the right to receive these Terms in non-electronic form and may request a non-electronic copy of these Terms either before or after acceptance of these Terms. To receive a non-electronic copy of these Terms contact Sage Dental Management, LLC, 951 Broken Sound Parkway NW, Suite 250, Boca Raton, FL 33487, Attention: VIP Discount Program.
- Payment Policy. Given the substantial fee discounts under the Program, Sage Dental strictly requires that all fees be paid in full at the time each procedure is performed, except for procedures requiring multiple appointments (such as crowns, bridges, and dentures). For all procedures requiring multiple appointments, the member must pay a minimum of 75% of the total fee for the procedure when it is started and must pay the balance in full prior to completion or delivery of the procedure. All appointments scheduled for 90 minutes or more with any dentist or hygienist and all appointments (except consultations) scheduled with any specialist require the member to pay a deposit of 10% of the total fee for the scheduled procedure(s). Failure to arrive within 15 minutes of the scheduled time for, or failure to give at least 48 hours advance notice of cancellation of, any appointment for any reason will result in a broken appointment fee charged to the member and forfeiture of any deposit paid for the scheduled procedure or treatment. This payment policy shall prevail over any conflicts in any other terms and conditions relating to treatment or payment set forth in any other Sage Dental document or form or on its website.

11. No Guarantee of Treatment. Services listed on the VIP Fee Schedule are not a guarantee that any procedure is available to the member or available at any particular Sage Dental Practice. The member's dentist or specialist will present a treatment plan for dental procedures based on the member's medical needs and condition and what is indicated in a given situation. Procedures vary for each person and with the complexity of his or her case. In certain instances a dentist's professional opinion may be that a specialist is required to perform a given procedure. The fees for procedures by a specialist may be significantly higher than by a general dentist. Services and specific procedures provided by dental specialists may not be available in every Sage Dental Practice or on any particular date.
12. Disclaimer of Warranties. SAGE DENTAL DOES NOT GIVE ANY WARRANTY, EXPRESS OR IMPLIED, AS TO DESCRIPTION, QUALITY, MERCHANTABILITY, FITNESS FOR ANY PARTICULAR PURPOSE, PRODUCTIVENESS, OR ANY OTHER MATTER, FOR ANY SERVICES OR PRODUCT PURCHASED OR RECEIVED BY A MEMBER FROM A DENTAL PROFESSIONAL OR VENDOR THROUGH MEMBERSHIP IN THE VIP DISCOUNT PROGRAM. Sage Dental has verified the credentials of its dental professionals providing services, but it does not guarantee the quality of any dental services or products. Any complaint regarding professional services shall be directed to the treating dentist and if not resolved then to PatientFeedback@mysagedental.com.
13. Compliance with Law. The Program complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
14. Litigation Costs and Expenses. If any party institutes any legal suit, action, or proceeding against the other party to enforce these Terms (or obtain any other remedy regarding any breach of these Terms), including, but not limited to, contract, equity, tort, fraud, and statutory claims, the prevailing party in a final, non-appealable judgment regarding the suit, action, or proceeding is entitled to receive, and the non-prevailing party shall pay, in addition to all other remedies to which the prevailing party may be entitled, the costs and expenses incurred by the prevailing party in conducting the suit, action, or proceeding, including reasonable attorney's fees and court costs, even if not recoverable by law (including, without limitation, all fees, taxes, costs, and expenses incident to appellate, bankruptcy, and post-judgment proceedings).
15. Assignment. Membership in the Program is not assignable or transferable.
16. Severability. If any provision of these Terms is held illegal, invalid, or unenforceable under present or future applicable law, such provision will be fully severable and these Terms will be construed and enforced as if such illegal, invalid, or unenforceable provision were not a part of these Terms.
17. Headings. The headings identifying the various sections and subsections of these Terms are for reference only and do not define, modify, expand, or limit any of the terms or provisions of the Program or of these Terms.
18. Maximum Liability. IN NO EVENT SHALL SAGE DENTAL'S AGGREGATE LIABILITY ARISING OUT OF OR RELATED TO THE PROGRAM, WHETHER ARISING OUT OF OR RELATED TO BREACH OF CONTRACT, TORT (INCLUDING NEGLIGENCE) OR OTHERWISE, EXCEED THE APPLICABLE MEMBERSHIP FEE PAID BY THE MEMBER FOR THE ONE-YEAR MEMBERSHIP TERM.
19. STATUTORY DISCLAIMERS AND DISCLOSURES. **Florida Residents:** THE PATIENT AND ANY OTHER PERSON RESPONSIBLE FOR PAYMENT HAS A RIGHT TO REFUSE TO PAY, CANCEL PAYMENT, OR BE REIMBURSED FOR PAYMENT FOR ANY OTHER SERVICE, EXAMINATION, OR TREATMENT THAT IS PERFORMED AS A RESULT OF AND WITHIN 72 HOURS OF RESPONDING TO THE ADVERTISEMENT FOR THE FREE, DISCOUNTED FEE, OR REDUCED FEE SERVICE, EXAMINATION, OR TREATMENT. Dr. Antonio R. Cruz DN12876, Sage Dental Group of Florida, PLLC, 951 Broken Sound Parkway NW, Suite 250, Boca Raton, FL 33487. **Georgia Residents:** ADDITIONAL CHARGES MAY BE INCURRED FOR RELATED SERVICES WHICH MAY BE REQUIRED IN INDIVIDUAL CASES. Dr. Jonathan Hu Chang DN014840, Sage Dental Group of Georgia, LLC, One Baltimore Place, Suite 403, Atlanta, GA 30308. Mon.-Thur., 8:00 a.m.-5:00 p.m. Tel. (404) 685-8605.

I have read the entire Terms of the Program and I understand them. By signing below, I agree to participate in the Program in accordance with these Terms. I hereby authorize Sage Dental to charge my credit card or debit card, if applicable, for the stated payment amount.

Signature: _____
(type or print name)

Date: _____

VIP FEE SCHEDULE 2018 v.041718

	General	Endo	Oral Surgeon	Perio	Pedo	General UCR Fee	Specialist UCR Fee
D0120	Periodic oral evaluation	\$0			\$0	\$60	\$75
D0140	Limited oral evaluation - problem focused	\$0	\$60	\$60	\$60	\$70	\$95
D0150	Comprehensive oral evaluation	\$0			\$0	\$95	\$115
D0180	Comprehensive periodontal evaluation			\$50			\$150
D0210	Intraoral - complete series of radiographic images	\$0			\$0	\$150	\$180
D0220	Intraoral - periapical first radiographic image	\$0	\$0		\$0	\$32	\$40
D0230	Intraoral - periapical each additional radiographic image	\$0	\$0		\$0	\$30	\$38
D0270	Bitewing - single radiographic image	\$0	\$0		\$0	\$37	\$41
D0272	Bitewings - two radiographic images	\$0	\$0		\$0	\$50	\$63
D0273	Bitewing-three radiographic images	\$0	\$0		\$0	\$69	\$79
D0274	Bitewings - four radiographic images	\$0			\$0	\$75	\$94
D0330	Panoramic radiographic image	\$0		\$0	\$0	\$125	\$156
D0350	2D oralfacial photographic image	\$0			\$0	\$75	\$90
D0460	Pulp vitality tests		\$50				\$65
D1110	Prophylaxis - adult	\$60			\$75	\$100	\$125
D1120	Prophylaxis - child	\$30			\$35	\$75	\$94
D1206	Topical application of fluoride varnish	\$35			\$35	\$45	\$56
D1208	Topical application of fluoride - excluding varnish	\$25			\$25	\$40	\$50
D1330	Oral hygiene instructions	\$0			\$0	\$20	\$25
D1351	Sealant - per tooth	\$30			\$30	\$60	\$75
D2330	Resin-based composite - one surface, anterior	\$100				\$140	
D2331	Resin-based composite - two surfaces, anterior	\$125				\$160	
D2332	Resin-based composite - three surfaces, anterior	\$150				\$225	
D2335	Resin-based composite - four or more surfaces, anterior	\$200				\$300	
D2391	Resin-based composite - one surface, posterior	\$75			\$100	\$153	\$191
D2392	Resin-based composite - two surfaces, posterior	\$150			\$175	\$175	\$219
D2393	Resin-based composite - three surfaces, posterior	\$175			\$200	\$225	\$281
D2394	Resin-based composite-four or more surfaces, posterior	\$200			\$225	\$250	\$313
D2740	Crown - porcelain/ceramic substrate	\$800				\$1,250	
D2750	Crown - porcelain fused to high noble metal	\$850				\$1,350	
D2930	Prefabricated stainless steel crown - primary tooth				\$200		\$200
D2950	Core buildup, including any pins when required	\$150				\$200	
D3120	Pulp cap - indirect (excluding final restoration)				\$75		\$94
D3310	Endodontic therapy, anterior tooth	\$500	\$750			\$800	\$1,000
D3320	Endodontic therapy, bicuspid tooth	\$650	\$900			\$900	\$1,125
D3330	Endodontic therapy, molar (excluding final restoration)		\$1,000				\$1,250
D3332	Incomplete endodontic therapy		\$250				\$500
D3346	Retreatment of previous root canal therapy - anterior		\$1,000				\$1,125
D3347	Retreatment of previous root canal therapy - bicuspid		\$1,100				\$1,375
D3348	Retreatment of previous root canal therapy - molar		\$1,200				\$1,509
D3410	Apicoectomy - anterior		\$850				\$634
D3425	Apicoectomy - molar (first root)		\$750				\$940
D3430	Retrograde filling - per root		\$125				\$230
D3910	Surgical procedure for isolation of tooth with rubber dam		\$125				\$315
D3950	Canal preparation and fitting of preformed dowel or post		\$150				\$363
D4249	Clinical crown lengthening - hard tissue			\$650			\$938
D4260	Osseous surgery - 4+ contiguous teeth per quadrant			\$850			\$1,406
D4261	Osseous surgery - 1-3 contiguous teethper quadrant			\$750			\$1,156
D4263	Bone replacement graft - retained natural tooth			\$400	\$400		\$844
D4266	Guided tissue regeneration - resorbable barrier, per site				\$400		\$1,000
D4273	Autogenous connective tissue graft procedure				\$375		\$1,084
D4341	Periodontal scaling and root planing - 4+ teeth per quadrant	\$80		\$175		\$275	\$344
D4342	Periodontal scaling and root planing - 1-3 teeth per quadrant	\$60		\$125		\$175	\$219
D4346	Scaling with moderate to severe inflammation -full mouth	\$75		\$75		\$150	\$175
D4355	Full mouth debridement	\$85		\$100		\$200	\$250
D4381	Localized delivery of antimicrobial agents per tooth	\$40		\$40		\$49	\$49
D4910	Periodontal maintenance	\$75		\$75		\$150	\$188
D4921	Gingival irrigation - per quadrant	\$0		\$0		\$15	\$15
D5110	Complete denture - maxillary	\$950				\$1,850	
D5120	Complete denture - mandibular	\$950				\$1,850	
D6010	Surgical placement of implant body: endosteal implant			\$1,500	\$1,500		\$2,125
D7140	Extraction, erupted tooth or exposed root	\$85		\$125		\$200	\$250
D7210	Extraction, erupted tooth	\$175		\$200	\$200	\$300	\$375
D7230	Removal of impacted tooth - partially bony			\$300			\$500
D7240	Removal of impacted tooth - completely bony			\$375			\$625
D7241	Removal of impacted tooth -			\$475			\$669
D7250	Removal of residual tooth roots (cutting procedure)			\$200			\$375
D7310	Alveoplasty in conjunction with extractions, 4+ teeth per quad			\$200	\$200		\$406
D7311	Alveoplasty in conjunction with extractions, 1-3 teeth per quad			\$150			\$250
D7510	Incision and drainage of abscess - intraoral soft tissue			\$200			\$250
D7953	Bone replacement graft for ridge preservation - per site			\$475	\$475		\$500
D8080	Comprehensive orthodontic treatment.	\$250 OFF*				\$6,750	
D8999	Unspecified orthodontic procedure (Ortho Consult for Transfer Patient)	\$0				\$0	
D9222	Deep sedation/general anesthesia - first 15 minutes			\$175			\$250
D9223	Deep sedation/general anesthesia - each 15 minute			\$100			\$150
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis			\$100	\$100		\$106
D9310	Consultation - diagnostic service by dentist		\$60	\$60	\$60		\$156
D9630	Drugs or medicaments dispersed in office for home use.	\$25		\$35	\$35	\$45	\$50
D9941	Athletic mouthguard	\$275				\$350	
D9972	External bleaching per arch, performed in office	\$275				\$350	
D9994	Dental case management	\$0	\$0	\$0	\$0	\$25	\$25

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Unlisted procedures covered by the Program are discounted 25% off UCR
 * \$250 Ortho discount is applied to our lowest available promotion at start of treatment
 * Additional limitations and terms may apply to Ortho based on case and duration.