

Roseman University Dental Membership Plan Contract

The Roseman University Dental Membership Plan is provided as a service to our patients without dental insurance. All diagnostic services, radiology, and preventive services are provided at no charge to members. All other dental services offered at Roseman University student and resident dental clinics are offered at 20% reduction of our regular fees.

1. ROSEMAN UNIVERSITY DENTAL MEMBERSHIP PLAN: This is a dental membership plan and is not to be considered a dental insurance plan. The dental membership plan is for patients without dental insurance and cannot be used in conjunction with a dental insurance plan.
2. ADMITTANCE TO THE PLAN: Members may only be admitted to the plan upon initial signup or annually thereafter on the renewal date unless there is a qualifying event such as death, divorce, marriage, etc.
3. USE OF PLAN AND SERVICES COVERED: This plan may be used at Roseman University student and resident dental clinics and applies only to dental procedures offered at Roseman University student and resident dental clinics in South Jordan, Utah. The membership plan includes services normally covered in the scope of general dentistry.
4. DENTAL CLINICS: Roseman University currently offers services in our undergraduate and advance general dentistry clinics. Personnel in the Business Services Office will be available to discuss clinic options and fee differences with dental plan members. Members with treatment too difficult for the student undergraduate clinic but within the scope of the advanced general dentistry clinic will be treated in the advanced general dentistry clinic. This plan will not cover treatment in the faculty orthodontic clinic.
5. DENTAL CARE NEEDS TOO COMPLEX: There may be dental care needs beyond the scope of services provided at Roseman University and the ability of Roseman University students and residents. Patients with dental care needs too complex will be advised as soon as possible and referred to a private practice or to the appropriate dental specialists. Referred services are not covered by this membership plan.
6. MEMBERSHIP DUES: Single or first family member dues are \$12.00. Second family member dues are \$7.00. Each additional family member dues are \$5.00 each. Dues are subject to change annually. Dues are not pro-rated but instead are charged in full for the first and last month of membership regardless of entry/exit date. A family is defined as a parent as the first member, a spouse (or domestic partner) and/or dependent children under the age of 26 as second or third members. Plan members are subject to immediate termination if found to be in violation of this policy.

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7. PAYMENT OF MEMBERSHIP DUES: Membership dues may be paid monthly or yearly. If electing monthly dues, first and second month's dues are required at time of sign up. Yearly dues may be paid with check or credit card while monthly dues require a credit card on file unless being paid by employer. Dues must be paid in full and patient's account must be current in order to receive benefits under the membership plan. If payment of dues has lapsed and patient does not want to/is unable to bring the account current, they must wait 12 months from the date of lapse to re-enroll in the plan. Until that time, they can continue to be seen as a patient and will be subject to normal fees.
8. CANCELLATION OF MEMBERSHIP: Purchaser of this dental membership program may cancel this contract with or without cause within 30 days of signing this contract by submitting a written notice of cancellation to Roseman University. If during the first 30 days you cancel your membership plan, all dues paid in relation to this dental membership program shall be refunded. You may not use the right of cancellation if you and or family members have used the services of the dental membership plan.
9. NON-TRANSFERABLE: This plan is non-transferable and can only be used for registered members of the plan.
10. PAYMENT FOR SERVICES: Payments for services are due at the time services are rendered.

SIGNATURE OF ACCEPTANCE

Member Signature: _____ Date: _____

Print Name: _____