MEMBERSHIP REGISTRATION

| Address | | | |
|------------------------------|--|---|--|
| City | State | Zip | |
| unde By sig | rstand the Continuing uning I agre lues annua | the plan deta terms & ber g Care Memb ee to pay my lly and prior ums Cleanin | nefits of this pership. membership to first |
| Patient or I | Patient Represen | tative Signature | Date |
| | | | |
| Method □ Check □ Cash □ Visa | □ D | ent Aastercard Discover Care Credit | |
| □ Check □ Cash | □ M □ D | Aastercard Discover | Expire Date |



Our Mission

Our goal is to provide health minded people with comprehensive dental care in a comforting and fun environment. Through our dedication, we want to educate, inform and encourage better oral health - one person at a time.

SHELTON DENTAL EXCELLENCE

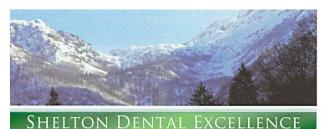
"Your Family is Our Passion"

Dr. Song-Yan, Dr. Mary and staff are dedicated to providing you with a pleasant visit and results that you're proud to show off. Our administrative staff is ready to help you with questions about scheduling, financial policy and insurance, to make that part of the process as simple as possible.

1626 Olympic Highway North PO Box 1248 Shelton, WA 98584 (360) 426-4712 Fax: (360) 426-3220

www.SheltonDental.com





FAMILY · COSMETIC · ORTHODONTICS

Continuing Care Membership

"Dedicated to excellence. Dedicated to your smile."

Are you one of over 100 million Americans without dental insurance?

With our annual Continuing Care Program you no longer have to bear the full burden of significant & unexpected dental expenses.



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SHELTON DENTAL EXCELLENCE

Introducing Our Continuing Care Membership

How Does the Membership Work?

For a flat annual fee members will receive:

| Two Dental CleaningsIncluded |
|---|
| or Perio Maintenance 3 CleaningsIncluded |
| Oral Cancer ScreeningIncluded |
| Oral Exam (once a year)Included |
| Digital X-RaysReduced 15% |
| Additional Dental CleaningsReduced 15% |
| Emergency Office VisitReduced 15% |
| Cosmetic ProceduresReduced 15% |
| Periodontal CareReduced 15% |
| General Dentistry ProceduresReduced 15% |
| NO Yearly Maximum |
| NO Pre-Existing Exclusions |
| Putting YOU in control of Your NeedsPriceless |
| Healthy Teeth For LifePriceless |

Fees are based on the usual and customary fee at the time of service

Plan Details...

- 12-Month membership fee is due in full upon joining when applying reduced fee schedule toward your treatment.
- Membership is effective the lst of the month of which payment is received.
- •Payments are due when services are rendered.
- •It is the sole responsibility of the member to maximize their benefits by arranging all appropriate appointments within the 12-month membership period.
- •No Refunds will be given if member terminates plan prior to the end of the plan year.
- •Renewal payment is due at the beginning of the same month each year.
- Continuing Care Membership is NOT a dental insurance plan.
- The membership is non-transferable, has no cash value and can only be used at Shelton Dental Excellence.
- Cannot be combined with any other dental insurance coverage or discounts.
- Discounts under your membership do not apply to any treatment prior to joining.
- Membership fee may be adjusted annually.
- Dental practice retains the right to interpret any program stipulations.

"Dedicated to excellence." Dedicated to your smile."



We have a well-trained clinical staff to assist in the delivery of your dental care. We want each patient to have a welcoming personal experience. Our dental hygiene department provides your preventive care and is highly skilled in the treatment of gum disease and maintaining your oral health.

Ask about our in house financing!

Types of Continuing Care Annual Membership

Adults (No Periodontal Conditions)

Periodontal Maintenance

Children (14 years and under)

For Your Convenience....

- Major Credit Cards Welcome
- · Care Credit Accepted