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## MEMBERSHIP SAVINGS PLAN

This is not a dental insurance plan. You are not eligible if you have dental insurance coverage. Family members cannot be substituted for another family member and must live in the same household.

**Your effective date of enrollment in the Plan will be January 1st and ending December 31st of the calendar year. The renewal date is January 1. The annual renewal fee will be based on the current fee schedule on the date of renewal. If your membership expires you cannot renew until the following January 1 and will be charged normal fees until renewal and reinstatement of the Plan.**

**Membership dues are non-refundable, and due at signing.**

Payments are due at the time of service. Rates are subject to change annually. Orthodontic patients must remain on the plan for the duration of that treatment. This membership only applies to Midwest Integrative Dental Medicine. No sedation is included in the program. Other exclusions may apply.

**All payments are due AT THE TIME OF SERVICE to receive the discount.**

If you choose to extend your payment for treatment by paying through Care Credit, the restorative treatment discount is reduced to 5% due to merchant fees. This offer cannot be combined with any other offers.

**By signing below I have agreed to the terms above.**

Credit Card: \_\_\_\_\_

Expires: \_\_\_\_\_ Security Code: \_\_\_\_\_

Primary Guarantor/or Parent:

\_\_\_\_\_  
Signature Member/Parent/Guardian

**\*\*\*\*PLEASE SIGN AND RETURN TO MIDM FOR RENEWAL\*\*\*\***

## BENEFITS OF MEMBERSHIP

- *No annual maximum*
- *No deductible*
- *No waiting periods or missing tooth clause*
- *No pre-authorization*
- *No surprise dental of payment*
- *No age limitation on Invisalign*

## ANNUAL MEMBERSHIP FEES

Adult Plan	\$550.00	Age 18 and Up <b>VALUE \$1248.00</b>
Children	\$435.00	Age 3-17 must live in the same household <b>VALUE \$935.00</b>
Advanced Plan	\$795.00	For Patients diagnosed with gum disease <b>VALUE \$1981.00</b>

## YOUR ANNUAL MEMBERSHIP INCLUDES

### EXAMINATIONS

Periodic Exam- **2 per year**

Limited Exam Emergency- **1 per year**

Oral Cancer Screening- **2 per year**

Perio Probe Charting- **1 per year**

### ADVANCED PLAN for those diagnosed with gum disease

Perio Exam and charting to monitor pocket depths

4 Dental exams per year

4 Oral cancer screenings

4 Periodontal Maintenance Therapy per year

### X-Rays

Full Series or Panorex- **1 in 3 years**

Bitewings- **1 set per year**

Single X-Ray- **3 per year**

### Preventive Care

Adult Cleaning- **2 per year**

Child Cleaning- **2 per year**

Any additional services we provide are discounted **15% Only**

Products and sedation are not discounted