

Contract



Dr. Hetal Rana DDS
1422 Blue Oaks Blvd. Suite #130
Roseville, Ca. 95747
916-774-4499

Rana Dental Wellness Membership

Primary Membership Holder

Effective Date: _____
(FOR OFFICE USE ONLY)

First Name: _____ **Last Name:** _____

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

Phone #: _____ **Email Address:** _____ **Birthdate:** _____

Adult Periodontal Maintenance **Amount:** _____

Additional Family Members to be Covered:

Name: _____ **Relationship:** _____ **Birthdate:** _____ **Add:** _____

Child (Ages 12 & under) Adult Periodontal Maintenance

Name: _____ **Relationship:** _____ **Birthdate:** _____ **Add:** _____

Child (Ages 12 & under) Adult Periodontal Maintenance

Name: _____ **Relationship:** _____ **Birthdate:** _____ **Add:** _____

Child (Ages 12 & under) Adult Periodontal Maintenance

Name: _____ **Relationship:** _____ **Birthdate:** _____ **Add:** _____

Child (Ages 12 & under) Adult Periodontal Maintenance

All Memberships Include

- 2 Professional Cleanings **or** 3 Periodontal Maintenance Therapy Visits*: with an experienced, specialized dental hygienist.
- 2 Oral Evaluations**: Thorough exams focused on early detection and proactive care.
- 2 Oral cancer screenings: for early detection and prevention.
- Fluoride Applications at each hygiene visit***: Strengthens enamel, helps prevent cavities, and reduces sensitivity.
- Tobacco and nutritional counseling: Personalized guidance to support healthier habits and optimize oral and systemic health.
- Oral Hygiene Instructions: Tailored home care strategies to support long-term health and prevention.

- Annual Periodontal Charting: Detailed measurements to monitor gum health and detect changes early.
- X-rays as needed: Periapical x-rays, bitewing x-rays, full mouth series, or panoramic.
- Annual Digital Health Scan: Advanced 3D digital scan for early detection and precise treatment planning.
- Discounts apply to most in-office services (see membership exclusions and limitations for additional information):
 - 20% discount with cash/check
 - 5% discount with card/financing

*All patients diagnosed with periodontal disease MUST remain on ongoing periodontal care.

**Comprehensive (to establish care) or limited oral evaluations (problem-focused emergency exams) are not included in the membership.

***Should fluoride benefits not be utilized, there will be no changes or discounts to membership payments.

Membership Guidelines

- All memberships are non-refundable.
- Patient accounts must be in good standing with a zero balance to be eligible for enrollment in the membership, unless prior arrangements have been made to address any outstanding balance.
- The initial monthly membership payment is due on the date of enrollment and may be made by card, cash, or check. After the initial payment, all subsequent payments will be processed automatically on either the **first or last day of each month** for the remaining 11 months of the membership term. If a scheduled payment date falls on a weekend or holiday, the payment may be processed on the nearest business day, depending on your bank.
- 48-hour notice is required for any appointments that need to be rescheduled. **\$50.00** per hour cancellation/no show fee(s) applied to your account are not eligible for a discount. Monthly membership payment cannot be applied to any cancellation/no show fee(s).
- Membership duration is for 12 months from the date the membership was started.
- Membership benefits are forfeited if not used within a contracted 12-month period; benefits **will not roll over** whether you choose to renew it or not. There will be no changes or discounts to membership payments if any included benefits are not used.
- Individual membership benefits are **non-transferrable** between members/non-members.

(initials)

Membership Exclusions and Limitations

- This is **NOT** dental insurance and is not a qualified health plan under state or federal law. This is a direct agreement for services between patient and provider(s).
- Benefits of the wellness membership are **only available** at Rana Dental. If a condition requires treatment by a specialist or services outside the practice’s capabilities, the patient will be referred accordingly, and such services are not covered under this membership.
- Members cannot use any other dental coverage, discounts, or coupons with this membership.
- Payments for monthly membership subscriptions cannot be paid using third party financing such as CareCredit or Cherry.
- **Discounts are not applicable** for products such as: Oral B toothbrushes, Clinpro, tongue scrapers, etc.
- Treatments such as orthodontic care and KOR whitening are **ineligible** for membership discounts.
- The membership will not apply to the costs of dental care for injuries covered under workman’s compensation or automobile insurance.
- The membership will not apply to hospitalization or hospital charges of any kind.
- This wellness membership offers significant discounts on dental services. I understand the benefits, limitations, exclusions, and requirements of this plan and agree to the following: any fees for dental services are due when the services are rendered. Fees for prosthodontics (dentures) and indirect restorations (crowns, bridges, veneers, inlays, and onlays) are due on the date of preparation. Fees for single appointment CAD/CAM restorations are due on the date of service.

(initials)

Bank Account Information (Primary Payment Method)

Account Holder Name: _____
 (EXACTLY AS IT APPEARS ON BANK ACCOUNT)

Bank Name: _____

Routing Number: _____

Account Number: _____

Account Type: Checking Savings

Credit Card on File (Backup Payment Method)

To ensure uninterrupted membership, a valid credit or debit card is required as a backup payment method.

Cardholder Name: _____

Card Type: Visa Mastercard Amex Discover

Card Number: _____

Expiration Date: _____ CVV: _____

Billing Zip Code: _____

ACH Payment Authorization

I authorize **Rana Dental** to initiate recurring electronic debit entries (ACH withdrawals) from the bank account listed above.

(initials)

I further authorize Rana Dental to charge the credit/debit card listed above **only if an ACH payment fails or is declined.**

(initials)

I understand and agree to the following:

- My membership is a **12-month agreement.**
- Payments will be drafted in the amount of \$ _____ **per month.**
- Payments will be processed on or about the _____ **day of each month.**
- This authorization will remain in effect for the duration of the membership term unless properly revoked in accordance with the terms below.

(initials)

Authorization Terms

I understand that:

- I may revoke ACH authorization at any time by providing **written notice emailed to info@ranadental.net at least 30 business days prior** to the next scheduled draft
- Revoking ACH authorization does **not cancel my financial obligation** under the membership agreement.
- If a payment is returned due to insufficient funds, it may be subject to a **returned payment fee of \$50.00**
- I agree to maintain a **valid primary and backup payment method on file** for the duration of the agreement

(initials)

Failed Payment Policy

- If an ACH payment fails, Rana Dental may attempt to reprocess the payment.
- If the ACH payment is unsuccessful, the **backup credit/debit card on file will be charged** for the outstanding balance

- If payment is not successfully processed within **10 days**, membership benefits may be temporarily suspended.
- If a payment fails and is not successfully processed within 10 business days, all services provided during that contract period will be repriced at Rana Dental's Usual, Customary, and Reasonable (UCR) fee schedule. **The patient will then be responsible for paying the difference between the total UCR fees for services provided and any membership payments already made during that period.**
 - **Example:** If a patient receives one cleaning, has made three monthly payments, and the fourth payment fails, the cleaning services rendered will be charged at standard fees. The patient will be responsible for paying the difference between those standard fees and the payments already made.
- Payment for the difference in UCR fees and membership payments is not considered a cancellation or penalty fee.
- Outstanding balances must be paid to restore membership benefits.

(initials)

Cancellation Policy

- Membership cancellation requests must be submitted **in writing** (email sent to info@ranadental.net) at least **30 days prior to the next scheduled payment.**
- Cancellation will be processed within **10 business days**
- Any outstanding balance will be charged at the time of cancellation
- Cancellation will take effect at the end of the current billing cycle.

(initials)

If the membership is cancelled before the 12-month term is completed:

- Any services received will be **repriced at Rana Dental's UCR fee schedule**, and the patient is responsible for paying the **difference between the membership rate and UCR fees.**
- This balance may be charged to the payment method(s) on file.
- If the patient chooses to re-enroll in the membership after cancellation, a **\$50** reinstatement fee will be applied in addition to the initial payment.

(initials)

Automatic Renewal Terms

- Membership automatically renews at the end of the 12-month term.
- Patients receive a renewal reminder email approximately 2 months prior to renewal date.
- Patients may cancel renewal by providing **written notice at least 30 days prior** to the renewal date.

(initials)

- By signing this agreement, the patient expressly authorizes automatic renewal and recurring charges associated with the membership.

Acknowledgment & Signature

By signing below, I acknowledge that:

- I have read and understand the ACH and backup payment authorization terms
- I understand this is a **12-month financial agreement**
- I agree to the cancellation and payment policies outlined above
- I understand this membership is **not dental insurance**

Signature: _____ **Date:** _____

Office Representative: _____ **Signature:** _____