

# Lyndon Family Dental Membership Plan

## TERMS AND CONDITIONS

### 1. General

- a. The Lyndon Family Dental Membership Program is governed by the following terms and conditions. All the individuals purchasing memberships with Lyndon Family Dental should understand these terms and conditions.

Applicants are required to accept these terms and conditions before purchasing a membership and receiving its benefits. Lyndon Family Dental reserves the right to make changes to these terms and conditions at any time.

### 2. Membership Policy

- a. Applications must be complete and paid in full, before membership can be established.
- b. Lyndon Family Dental reserves the right to verify the details submitted to obtain membership. Applications may be declined if details submitted are inaccurate or incomplete.
- c. Memberships include coverage for the applicant only. Membership privileges do not extend to family members. Photo identification will be required when visiting to verify the identity of a person possessing a Lyndon Family Dental Membership.
- d. Lyndon Family Dental has the right to cancel memberships before the duration stipulated if they deem there has been unauthorized users and NO refund will not be given.
- e. You must be at least 18 years old to submit an application for membership with Lyndon Family Dental. Parents can submit an application on behalf of a child up to the age of 18 or a membership can be purchased as a gift by another person.
- f. You cannot utilize the Lyndon Family Dental Membership if you have any dental insurance plan or any dental insurance coverage. It cannot be used as a secondary membership to any insurance plan. The Lyndon Family Dental membership cannot be used in addition or in conjunction to any discount plan.

- g. You must be the legal owner of the credit card being used to make payment for a membership.
- h. Your receipt of an electronic confirmation or other form of confirmation does not signify acceptance of your application. Lyndon Family Dental reserves the right at any time after the receipt of the application to accept or decline for any reason. Lyndon Family Dental may require additional verification or information before granting a membership.
- i. Lyndon Family Dental does not suspend or “freeze” memberships. Memberships are non-refundable and begin the date of payment and end the last day of the month anniversary is reached.
- j. Any unused balance from the membership is the property of the practice and can only be used towards treatments, not toward another membership.
- k. The member agrees and understands that they are entering into a binding contract by accepting the Terms and Conditions.

### 3. Membership Responsibilities

- a. Applicants are responsible for ensuring that all application details provided to Lyndon Family Dental are correct.
- b. Members must inform Lyndon Family Dental that they are a member when making an appointment. members must present a photo ID to the reception desk upon arrival for their appointment.
- c. Members must agree that they will not allow any use of Membership by third parties.

### 4. Fees

- a. When requested, Lyndon Family Dental will provide the costs of services for any procedures beforehand.
- b. Each member is entitled to receive discounts on specified services when using Lyndon Family Dental. Members are entitled to receive certain dental services from Lyndon Family Dental providers at predetermined rates and for a percentage discount off the normal retail prices for such dental services. Members must pay the Provider at the time of service to receive the discounted fee.
- c. The Lyndon Family Dental Fee Schedule is subject to change without notice. Fees quoted are only good for 90 days.

## 5. Payment Terms

- a. Memberships will last for twelve months from the date of payment, or from a stated commencement date provided by Lyndon Family Dental.
- b. Memberships will be based on individual coverage.
- c. Credit cards may be used to pay for memberships. Visa, MasterCard, Discover and American Express are accepted forms of payment.
- d. Lyndon Family Dental does not issue memberships until successful payment has been confirmed.
- e. Lyndon Family Dental will have the right to refuse or cancel any applications for membership at the incorrect price in the event a member is listed at an incorrect price or with incorrect information due to a typographical error in pricing or product information.
- f. Lyndon Family Dental shall have the right to refuse or cancel any such orders whether or not the order has been confirmed and your credit card is charged. Lyndon Family Dental shall immediately issue a credit to your account in the amount of the charge if your credit card has already been charged for the purchase and your order is cancelled.
- g. Lyndon Family Dental may also accept other methods of payment at their discretion. These may include payment over the phone, direct deposits, checks, and money orders. Lyndon Family Dental is under no obligation to accept payment by these alternate methods. Please contact Lyndon Family Dental for payment alternatives.

## 6. Membership Renewal

- a. Lyndon Family Dental may, but is not required to, give notice via mail, email, or telephone that your membership will be expiring, prior to the expiration date identified in your membership confirmation.
- b. It is the responsibility of the members to supply Lyndon Family Dental with current payment information to process a membership renewal without a lapse in membership.
- c. In any event, it is the responsibility of the member to ensure that Lyndon Family Dental has received payment for membership prior to the expiration date, which will be one year and to the end of the month that the membership was begun. Lyndon Family Dental is not responsible and

assumes no liability to any member for failure to provide Lyndon Family Dental with current payment information for membership renewal.

7. Privacy/Security Matters

- a. Lyndon Family Dental may need to collect certain personal information from the individuals in order to grant memberships. Lyndon Family Dental may contact you to ascertain particulars that would improve the services provided to members. Memberships will not be granted without this information.
- b. Lyndon Family Dental will not disclose your information to third parties. Information may be used in order to improve services provided to members and visitors to the Lyndon Family Dental website. References can be made to the Lyndon Family Dental Privacy Policy for a detailed explanation of the use of personal information.

8. Other Websites

- a. Lyndon Family Dental makes no representations or warranties about any other website that you may access through the Lyndon Family Dental site.
- b. Please be aware when accessing a website other than Lyndon Family Dental that it is independent from Lyndon Family Dental site and Lyndon Family Dental has no control over the content of that website.
- c. Lyndon Family Dental does not endorse or accept any responsibility for the content or use of any third party website linked from the Lyndon Family Dental website.

9. Governing Law

- a. These Terms and your dealings with Lyndon Family Dental are subject to the laws of New York State.

10. Disclosures

- a. This MEMBERSHIP PLAN IS NOT INSURANCE. Lyndon Family Dental is not an insurance provider and no membership benefits are in the form of any insurance coverage. If you have any questions regarding your insurance, please contact your insurance provider directly.

- b. This membership plan only provides discounts for certain dental services provided by Lyndon Family Dental. This does not include goods or products purchased at Lyndon Family Dental.
- c. Members are required to pay for all dental services on the day the services are provided, but may receive a courtesy on certain services as contemplated by the membership terms and conditions.
- d. If you have any questions regarding Lyndon Family Dental membership, please contact the staff at 315-449-0711

11. Limitations and Exclusions

- a. Appointment No Shows or untimely Cancellations, (less than 24 hours advance notice) will void the membership and NO REFUND will be made.
- b. Services which in the opinion of the attending dentist are neither necessary nor recommended for the patient's health.
- c. Oral surgery requiring the setting of fractures or dislocations.
- d. Treatment of malignancies, cysts or neoplasms or congenital malformations, except congenital anomaly of a tooth or teeth covered from birth.
- e. Hospital benefits for any dental procedure.
- f. Loss or theft of dentures or bridgework.
- g. General anesthesia.
- h. Services for injuries or conditions which are covered under Worker's Compensation, Employers Liability or No-Fault Auto Insurance laws. Services which are provided without cost to the member by any municipality, county or other political subdivision.
- i. Services that cannot be performed because of the general health, physical or psychological limitations of the patient.
- j. Periodontics, endodontics, oral surgery, orthodontics, pedodontics, or other procedures requiring the services of non-participating dentist.

12. The terms and conditions of the Membership Agreement as well the Terms of Use, govern the dental plan or dental program that you are purchasing through your submission of the enrollment form. All members subscribing to this plan should read this Agreement and incorporated terms of use and communicate any questions that may arise to a Lyndon Family Dental representative at:

By Phone: 315-449-0711  
Email: [lf dental@icloud.com](mailto:lf dental@icloud.com)

By Mail: Marley M Rinoldo, DDS PC  
6844 E Genesee St  
Fayetteville, NY 13066

Details:

Member Benefits

- \* No Maximum
- \* No Deductible
- \* No Waiting Period

Included with Annual Membership:

- \* 2 dental cleanings
- \* 2 periodic exams
- \* 1 set of bitewing x-rays

THAT'S A \$337.00 VALUE PER ADULT FOR \$299.00

THAT'S A \$289.00 VALUE PER CHILD (13 years of age and under) FOR \$260.00

Additional Benefits:

- \* 10% off all Preventative/Diagnostic work
- \* 20% off all Basic Restoration work
- \* 25% off all Major Restoration work
- \* No denials from Insurance Co.
- \* No need for pre-determinations

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Responsible Party (Name) Print

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Applicant Name (Print)

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Responsible Party Signature

I Have Dental Insurance

I Do Not Have Dental Insurance

By signing this document, you acknowledge that you have read and agree to the terms and conditions as set forth within, as they apply to the Lyndon Family Dental Membership Plan.