



Terms and Conditions

TERMS & CONDITIONS

Renewal Conditions: By joining a plan, you are authorizing Central Baldwin Dental to bill your credit card or bank account for the plan you have selected. This charge shall remain in force until you notify Central Baldwin Dental in writing of its cancellation. By joining, you indicate you have read the terms and conditions of the plan. This plan will automatically renew at the end of your membership term on an annual basis, and your credit card or bank account will be automatically charged or drafted for the appropriate amount.

Termination Conditions: Central Baldwin Dental reserves the right to terminate plan members from its plan for any reason, including non-payment.

Cancellation Conditions: If for any reason during this time period you are dissatisfied with the plan and wish to cancel and obtain a refund, you must submit a written cancellation request. Central Baldwin Dental will accept and cancel program memberships at any time during the membership period and will cease collecting membership fees in a reasonable amount of time, but no later than 30 days after receiving a cancellation notice. Please send a cancellation letter and a request for refund with your name and member number to Central Baldwin Dental, 18100 Highway 104 Robertsdale, Alabama 36567 or fax to 251-947-5940. You may also submit cancellation by email: centralbaldwindental@gmail.com. If Central Baldwin Dental is billing you quarterly, semi-annually or annually, Central Baldwin Dental will, in the event of cancellation of the membership by either party, make a pro-rata reimbursement of the periodic charges to the member.

Description: enclosed materials for a specific description of the programs that you have purchased.

Limitations, Exclusions & Exceptions: This program is a discount membership program offered by Central Baldwin Dental. Central Baldwin Dental is not a licensed insurer, health maintenance organization, or other underwriter of health care services. No portion of any provider's fees will be reimbursed or otherwise paid by Central Baldwin Dental. Central Baldwin Dental is not licensed to provide and does not provide medical services or items to individuals. You will receive discounts for medical services at certain health care providers who have contracted with the plan. **You are obligated to pay for all health care services at the time of your appointment.** Savings are based upon the provider's normal fees. Actual savings will vary depending upon location and specific services or products purchased. Please verify such services with each individual provider. The discounts contained herein may not be used in conjunction with any other discount plan or program. All listed or quoted prices are current prices by participating providers and subject to change without notice. Any procedures performed by a non-participating provider are not discounted. From time to time, certain providers may offer products or services to the general public at prices lower than the discounted prices available through this program. In such event, members will be charged the lowest price. Discounts on professional services are not available where prohibited by law. This plan does not discount all procedures. Providers are subject to change without notice and services may vary in some states. It is the member's responsibility to verify that the provider is a participant in the plan. Services and service providers may change or be discontinued at any time with notice as required by law.



CentralBaldwinDental.com

Central Baldwin Dental Center



Membership Plan

Discount Medical Plan Application – Dental

This application, along with your fulfillment kit will serve as your entire membership agreement.

Member Information

First Name: _____ MI: _____

Last Name: _____ DOB: _____

Street Address: _____

City: _____ St: _____ Zip: _____

Daytime Phone: _____

Evening Phone: _____

E-mail Address: _____

Membership Fee (Family members include: member spouse and legal dependents)

Monthly \$12.95

Annual \$129.00

Application Fee

\$20.00 - A ONE-TIME, NON-REFUNDABLE PROCESSING FEE IS REQUIRED WITH EACH APPLICATION

Family Members (Date of birth required to add spouse and legal dependents)

First Last MI DOB

Credit or Debit Card

Visa MasterCard Discover Amex

Name of Cardholder: _____

Card/Debit Card #: _____

Expiration Date: _____

Signature: _____ Date: _____

Dental Care

- Save 20-60% on most routine dental procedures such as unlimited cleanings, oral exams, and fillings
- Save 15-40% on most speciality procedures such as unlimited endodontics, oral surgery, periodontics, and prosthodontics.
- Access to premier dental care

Sample Savings Based on National Average*				
Code	Description	Plan Cost	Regular Cost	Savings
0120	Periodic Oral Exam	\$24	\$49	51%
0274	Four Individual X-ray Films	\$31	\$63	51%
1110	Adult Dental Cleaning	\$48	\$91	47%
1120	Child Dental Cleaning	\$34	\$67	49%
2160	Silver Filling/ Restoration	\$99	\$210	53%

How to join the plan

- 1.) Fill out the application and mail to 18100 State Highway 104 Robertsdale, Al
- 2.) Fax application to 251-947-5942
- 3.) Fill out the application in person at our convenient location

By signing the above, I am authorizing Central Baldwin Dental to bill my credit/debit card or my checking account for this program; it will remain in effect until I notify them in writing to cancel. This application will serve as your membership agreement.

