



6552 Bolsa Ave. Suite F, Huntington Beach, CA 92647  
Phone: 714-893-8517 Fax: 714-893-0788

## Legacy Care Plan Application

Name: \_\_\_\_\_  
First MI Last

Address: \_\_\_\_\_  
Street

City State Zip Code

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Phone: Home (\_\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### **FOR OFFICE USE ONLY:**

#### **Enrollment Fee**

Patient	Fee	Select Plan
Individual	\$190	
Individual + 1 Family Member	\$380	
Individual + 2 Family Member	\$570	
Individual + 3 Family Member	\$ 760	

**Family Members:** Name Date of Birth Relationship

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Effective Date:** \_\_\_\_\_ **Renewal Date:** \_\_\_\_\_

I, \_\_\_\_\_, do hereby understand the policies and limitations of the Legacy Care Plan. Furthermore, I understand the office policies of Legacy Dental Care and agree to them.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Legacy Care Plan

The Legacy Care Plan is a reduced-fee dental membership plan that allows individuals and families to receive quality dental services from Legacy Dental Care at reduced prices. The Legacy Care Plan is NOT DENTAL INSURANCE and does not meet the minimum creditable coverage requirements under any laws and is not a Qualified Health Plan under the Affordable Care Act.

The Legacy Care Plan cannot be combined with dental insurance and is only valid at 6552 Bolsa Ave. Suite F, Huntington Beach, CA 92647. If you are referred to a specialist or outside practitioner, the plan is not valid.

To receive care, simply sign up for the Legacy Care Plan. All patient payments are made directly to the provider as treatment is performed. The Legacy Care Plan is prohibited from making any payments for you. The range of discounts varies depending upon the services provided.

You, your domestic partner, dependent, (children up to age 26 are eligible.) Individuals under the age of 19 may only be members as the dependents of adults. Membership starts the day of payment and will expire exactly one year from the sign up date. Any service not paid for at time of service will be billed at Usual and Customary fees.

The Legacy Dental Plan is NON-REFUNDABLE. The Legacy Dental Plan is also NONTRANSFERRABLE.

15% off is for general dentistry treatment only. Does not apply for cosmetic treatments. Discounts cannot be used with any other special. The discounts are only on the full practice fees.

No refunds will be issued for services not rendered within or outside of plan term dates.

The Legacy Care Plan is subject to yearly change.

Should dental treatment be needed following any type of injury where a lawsuit is pending or final and/or outside medical, auto, disability, or workman's compensation insurance are involved, The Legacy Care Plan cannot be used. This contract is not protected by any state guaranty fund. The program and program administrator is not liable for providing or guaranteeing health services or for the quality of health services tendered. Membership fees apply. This Membership Agreement governs the Legacy Care Plan.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_