

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 City State Zip Code

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

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

**FOR OFFICE USE ONLY:**

**Enrollment Fee**

|  |  |  |
| --- | --- | --- |
| Patient | Fee | Select Plan |
| Individual (Full Mouth Series) | $250 |  |
| Individual (& Check-up Xrays) | $200 |  |
| 2 Members (& Check-up Xrays) | $400 |  |
| 3 Members (& Check-up Xrays) | $600 |  |
| 4 Members (& Check-up Xrays) | $ 800 |  |

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

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

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

By signing below I am hereby stating that I 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 and it is **valid for 1 year from the time of purchase.** 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_