Nano Dentistry
13 Pleasant St
Westbrook, Maine 04092
(207) 856-6724

Loyalty Membership Agreement

Membership Fee: $53 per month (24-month minimum commitment).

Enrollment Fee: $150 one-time initiation fee (may be waived for transitioning members).

Included Services: Two professional cleanings per year, two exams per year, routine diagnostic X-rays as clinically indicated, and one fluoride treatment annually.

Preferred Pricing: Members receive 14% preferred pricing on most dental treatment and 10% on implant treatment (implants do not get the 14%)

Payment Authorization: Member authorizes Nano Dentistry to charge the credit or debit card on file for monthly membership fees and any authorized charges under this agreement.

Appointment Policy: A minimum of 48 business hours notice is required for appointment changes. Missed or late-cancelled appointments may incur a $75 fee which may be charged to the card on file.

Clinical Responsibility: Membership benefits depend on following recommended recall, hygiene, and maintenance visits as advised by the dentist.

Implant Maintenance: Implant retreatment or restoration complications are not guaranteed if recommended maintenance and follow-up care are not maintained.

Early Termination: If membership is terminated before completion of the 24-month commitment for any reason, previously discounted treatment during the membership

period may be recalculated and become immediately due.

Post-Term Cancellation: After the initial 24-month term, membership continues month-to-month unless cancelled with written notice. If cancellation occurs, treatment exceeding $500 performed within the previous 6 months may be prorated.

Nano Dentistry reserve the right to withdraw any late fees, early cancelations appointment without 48 business hour notice and prorated treatment to be deducted from card on file immediately when it is due

Program Modifications: Nano Dentistry reserves the right to adjust membership pricing upon renewal to reflect changes in operating costs.

Patient Name: _____

Patient Signature: _____
Date: _____