



DENTAL PROVIDER GUARANTEE

This Dental Provider Guarantee is issued to the following patient (Patient name) , (hereafter known as PATIENT), by attending Dental Provider (Provider Name) , (known as PROVIDER), as of (Date of Service) , for a period of not less than 25 years.

PROVIDER warrants that if, within twenty five (25) years from the date of installation of the PATIENT'S covered services fails to perform within the scope of functionality thus compromising the PATIENT'S health, PROVIDER shall repair and/or replace the appliances at no additional cost to the PATIENT.



Terms & Conditions

I. DEFINITIONS

The following terms shall have the meanings set forth below unless the context in which they are used clearly indicates otherwise:

“Covered Services” mean all necessary dental care services rendered to PATIENT by PROVIDER that are pursuant to and covered under the written diagnosed and/or recommended treatment plan authorized by the PATIENT at the initial visit as well as subsequent visits as it relates to the initial diagnosis and/or recommended treatment plan.

- A. “Treatment Plan Document” means a written document of dental services rendered to the PATIENT by the PROVIDER authorized by the PATIENT.
- B. “Paid in full” means the paid services rendered by the PROVIDER for whom payment was received directly from PATIENT and/or appointed Third Party.
- C. “PATIENT” means person eligible employees, members, or subscribers (and their eligible dependants) of a Dental Plan whose dental care or dental care benefits are underwritten, administered, and/or otherwise sponsored by Payer.

II. CONDITIONS

- A. PATIENT agrees to a once a year annual examination with his/her PROVIDER issuing the Dental Provider Guarantee. Cost for this examination is \$25.00 (U.S. dollars).
- B. PATIENT agrees to follow the written Maintenance Instructions provided by the PROVIDER.
- C. PATIENT agrees to incur all travel costs in obtaining the dental care covered by the Dental Provider Guarantee.
- D. PATIENT understands the Dental Provider Guarantee will terminate upon failure to comply with Section II, line items “A” and “B”.
- E. PATIENT agrees services not listed in the Treatment Plan Document will not be covered under the Dental Provider Guarantee.
- F. PATIENT understands there will be no additional cost charged to them for the Dental Provider Guarantee by the PROVIDER and /or Third Party.

SCOPE OF WORK: This guarantee specifically covers the dental work as detailed here:

