



# Enoch Dental Care

Dr. Dan Norris

## ***Medical Retainer Agreement for Discount Dental Plans***

This is an Agreement entered into on \_\_\_\_\_, 20\_\_\_\_, between Enoch Dental Care (Clinic/Us) and \_\_\_\_\_(Patient/Responsible Party/You).

### **Background**

The CLINIC is a Direct Pay primary care practice (DPC), which delivers primary care services through its dentist, Dr. \_\_\_\_\_ (DDS), at 850 E. Midvalley Road, Enoch, UT 84721. In exchange for certain fees, the CLINIC, agrees to provide YOU with the Services described in this Agreement on the terms and conditions contained in this Agreement.

### **Definitions**

- 1. Patient.** In this Agreement, "Patient" means the persons for whom the Physician shall provide care, and who have signed this agreement or are listed on the document attached as Appendix A: Discount Dental Plans Contract, which is part of this agreement.
- 2. Services.** In this Agreement "Services", means the collection of services, offered to you by Us in this Agreement. These Services are included in Appendix A: Discount Dental Plans Contract, which is attached to, and part of this agreement.

### **Agreement**

- 3. Notice:** THIS MEDICAL RETAINER AGREEMENT DOES NOT CONSTITUTE INSURANCE, IS NOT A MEDICAL PLAN THAT PROVIDES HEALTH INSURANCE COVERAGE FOR PURPOSES OF THE FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT AND COVERS ONLY LIMITED, ROUTINE HEALTH CARE SERVICES AS DESIGNATED IN THIS AGREEMENT.
- 4. Term.** This Agreement will last for one year starting on (Date): \_\_\_\_\_
- 5. Renewal.** The Agreement will automatically renew each year on the anniversary date of the agreement, unless either party cancels the Agreement by giving 30 days written cancellation notice.

**6. Termination.** Regardless of anything written above. You Always have the right to cancel this agreement. Either party can end this agreement at any time by giving the other party 30 days written notice.

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_