



## YOUR SMILE PROTECTION AT Wolter Advanced Dental Care, PC

### DENTAL TREATMENT LIMITED WARRANTY

This Limited Warranty is made by Wolter Advanced Dental Care ("Dentist") to Patient, as the parties are identified below.

**Coverage:** Subject to the terms and conditions stated below, Dentist will repair or replace without charge to Patient any Covered Treatment that fails due to faulty materials or workmanship, provided that Patient has fulfilled his or her Patient Responsibilities as described herein.

**Term:** Coverage of Covered Treatments begins on the Treatment Date and expires 1 year from the Treatment Date unless Patient has purchased additional coverage through Dental Warranty ("Third Party").

### TERMS AND CONDITIONS

**Covered Treatment:** One or more of the Treatments Eligible for Coverage provided to Patient by Dentist on the date(s) indicated below.

**Treatments Eligible for Coverage:** The following types of treatment are eligible for coverage under this Limited Warranty for one year: Buildups, Posts, Veneers, Abutments, Bite Splints, Bruxism Guards, Snore Guards, Sport Mouth Guards; Sleep Apnea Appliances (unless covered by manufacturer's warranty), Retainers, and Root Canals, Inlays and Onlays, Fillings, Crowns, Bridges, Dentures/Partial Dentures, Implant Crowns, Dental Implants\* (see note below)

**Dental Implants:** Dental Implants are 100% subsidized the first year; 75% subsidized years 1-3, and 50% subsidized from year 4-5.

**Patient's Responsibilities:** During the Term of this Limited Warranty the Patient must: (1) maintain good personal dental hygiene as prescribed by Dentist, (2) attend all scheduled appointments prescribed by Dentist, and (3) maintain his or her account in good standing (complete all scheduled payments). If applicable, Patient must also wear any protective night/sports guard regularly.

**How to Obtain Care and Service:** In the event of a failure of a Covered Treatment, Patient must (1) notify Dentist of the failure within a reasonable time after discovery (not to exceed 10 days) and (2) schedule and attend an appointment with Dentist at which Dentist will take or schedule corrective action. Patient's failure to timely notify Dentist of a failure or to appear for a scheduled appointment is grounds for voiding coverage. Rescheduling is permitted if required by Patient or Dentist.

**What is Not Covered:** This Limited Warranty Agreement does not cover: Treatments other than Covered Treatments; Preexisting conditions; Loss of a removable prosthetic or appliance; Cosmetic discoloration; Failure of a Covered Treatment due to: failure of Patient to comply with his or her Patient Responsibilities, medical conditions resulting from substance abuse, treatments not performed by Dentist.

**Warranty Disclaimer / Remedy Limitation/ Damages Exclusion:** This Limited Warranty is a complete statement of Dentist's warranty obligations. Dentist makes no other warranties, written or express. Unless prohibited by the governing law, all implied warranties, including any implied warranties of merchantability and fitness are excluded. Patient's sole recovery for breach of this Limited Warranty or any implied warranty shall be damages in an amount not to exceed Treatment Cost, that is, the amount paid to Dentist for a failed Covered Treatment. In no event shall Dentist be liable for incidental or consequential damages.

**Other Available Coverage:** Dentist reserves the right to require Patient to submit claims on Covered Treatment(s) under any available insurance or other medical or accidental health benefit programs prior to obtaining service under this Limited Warranty.

**Dispute Resolution:** If a dispute arises between Patient and Dentist relating to coverage or performance under this Limited Warranty and/or Maintenance Agreement, Dentist will work respectfully and diligently with Patient to resolve the complaint within 30 days. If the complaint is not resolved within 30 days, Patient agrees to participate in mediation before a mutually agreeable neutral mediator prior to pursuing any other legal remedy. This Limited Warranty gives you specific legal rights and you may have other rights that vary in certain states. This Limited Warranty is not an insurance policy.

I, the undersigned, hereby understand and agree to all terms and conditions stated above.

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Patient Name (Please Print)

Patient Signature

Date of Treatment

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Dentist Name (Please Print)

Dentist Signature

Date of Treatment