

ASPEN FAMILY D E N T A L

Individual Membership Discount Plan (One year commitment)

Plan Benefits

Exams and cleanings (<i>every 6 months</i>)	No charge
Other Procedures	40% discount
Orthodontics	10-20% discount

Membership Plan rates

	Monthly / Yearly
1 member	\$19 or \$228
2 member (<i>couple</i>)	\$28 or \$336
3-4 members (<i>family</i>)	\$37 or \$444
5-6 members (<i>family</i>)	\$45 or \$540
7 or more (<i>family</i>)	\$54 or \$648

Terms / Limitations

- \$49 one time setup fee
- First year payment due up front, then month to month rates available with addition of \$4 monthly processing fee.
- Your Co-pays are due at time of service
- You are still eligible for 10% discount on your portion if you pay your entire portion of treatment plan before treatment begins.
- You are still eligible for 0% interest for 12 months financing through Care Credit on any amount over \$300 including yearly membership rates.
- Any work which requires more then one visit, 50% of fee is due on first appointment of multiple appointment procedure. (*crowns and dentures*)
- Orthodontics (*braces*) receive 10% discount at our preferred referral orthodontist or 20% if the case is simple enough to be treated in our office.
- Discount prices available only for work performed in our office. Work performed by our referral partners and done in hospital receive no membership discount (other then Orthodontics).
- Family plans only cover dependants less than 21 yrs of age.
- Coverage must be continuous. Rates subject to change w/ inflation.

Registration

List of covered Dependents	Birth date	Relationship

By signing below, I agree to the terms and limitations of the Membership Plan.

Signature _____ Print name: _____ Date _____


ASPEN FAMILY
DENTAL

Comparison of Usual Fees, Membership fees, and Typical Insurance Fees

Dental Procedure	Usual Fee	Membership Fee	Dental HMO co-pay	Typical Dental PPO
Comprehensive Exam	\$61	\$0	\$0-35	\$0
Cleaning	\$68	\$0	\$0-40	\$0
Filling (1 surface posterior)	\$131	\$79	\$35-60	\$15-35 <i>(plus \$50 deductible, \$1100 max)</i>
Crown (PFM)	\$836	\$502	\$380-550	\$250-320 <i>(plus \$50 deductible, \$1100 max)</i>
Root Canal (molar)	\$858	\$515	\$270-450	\$100-170 <i>(plus \$50 deductible, \$1100 max)</i>
Extraction (simple)	\$114	\$68	\$35-60	\$15-35 <i>(plus \$50 deductible, \$1100 max)</i>

<u>Typical Charges at First Visit</u>		<u>w/plan</u>
Comprehensive exam	\$61	\$0
Panoramic X-ray	\$88	\$0
Four Bitewing X-rays	\$53	\$0
Prophylaxis (cleaning)	\$68	\$0
Total	\$270	\$0

<u>Each Subsequent 6 month Visit</u>		<u>w/plan</u>
Periodic exam	\$61	\$0
Four Bitewing X-rays	\$53	\$0
Prophylaxis (cleaning)	\$68	\$0
Total	\$182	\$0