

ASPEN FAMILY D E N T A L

Membership Discount Plan

Purpose

To give patients without insurance the same discounted dental prices that patient's with insurance get. We are willing to give such discounted prices only to those who will commit to regular 6 month cleanings. The price of this membership plan is set to cover the cost of preventative items such as exams, x-rays and cleanings.

Plan Benefits

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

Membership Plan Rates

	<u>Monthly /</u>	<u>Yearly</u>
1 member	\$21 or	\$252
2 members (<i>couple</i>)	\$35 or	\$420
3-4 members (<i>family</i>)	\$45 or	\$540
5-6 members (<i>family</i>)	\$55 or	\$660
7 or more members (<i>family</i>)	\$64 or	\$768

Terms / Limitations

- There is **no yearly maximum** and **no waiting period** on anything.
- **\$49 one time setup fee** (*to motivate you to stay on the plan*)
- Month to month rates are available with the addition of a \$4 monthly processing fee.
- **This is a yearly contract** that will automatically renew (unless we are notified by you).
- We will release you from the contract in 6 month intervals if you are not satisfied, if you obtain other insurance, or if you move out of the area.
- Your Co-pays are due at time of service
- You are still eligible for financing through Care Credit (0% interest for 12 months) on any amount over \$300 including yearly membership rates.
- Orthodontics (*braces*) receive 10% discount at our preferred referral orthodontist or 10% discount if the case is treated in our office.
- Discount prices are available only for work performed in our office. Work performed by our referral partners and/or performed in hospitals receive no membership discount (other than Orthodontics).
- Family plans only cover dependants younger than 21 yrs of age.
- Coverage must be continuous. Rates subject to change yearly with inflation.

Registration

List of covered Dependents	Birth date	Relationship

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

Signature _____ Print name: _____ Date _____


**ASPEN FAMILY
DENTAL**

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

Dental Procedure	Usual Fee	Membership Discount Plan Fee	Typical Dental PPO
Comprehensive Exam	\$65	\$0	\$0
Cleaning	\$72	\$0	\$0
Filling (one surface posterior)	\$148	\$90 <i>(no deductible, maximum, or waiting period)</i>	\$25-55 <i>(plus \$50 deductible, \$1100 max)</i>
Crown (All Ceramic)	\$1123	\$685 <i>(no deductible, maximum, or waiting period)</i>	\$320-480 <i>(plus \$50 deductible, \$1100 max)</i>
Root Canal (molar)	\$963	\$587 <i>(no deductible, maximum, or waiting period)</i>	\$150-200 <i>(plus \$50 deductible, \$1100 max)</i>
Extraction (simple)	\$120	\$73 <i>(no deductible, maximum, or waiting period)</i>	\$20-45 <i>(plus \$50 deductible, \$1100 max)</i>

<u>Typical Charges</u>	<u>at First Visit</u>	<u>with Plan</u>
Comprehensive exam	\$65	\$0
Panoramic X-ray	\$103	\$0
Four Bitewing X-rays	\$57	\$0
Prophylaxis (cleaning)	\$72	\$0
Total	\$297	\$0

<u>Each Subsequent 6 month Visit</u>	<u>with Plan</u>
Periodic exam	\$43
Four Bitewing X-rays	\$57
Prophylaxis (cleaning)	\$72
Total	\$172