



Aspire Dental Savings Plan Agreement

**Gold Plan Membership Cost: \$650
(\$1,480 yearly value)**

Savings Plan Benefits:	Cost (member)	Cost (non-member)
Cleaning/maintenance visits (4)	\$0	\$736
Examinations:		
• Dental exam (one)	\$0	\$84
• Periodontal exam (one)	\$0	\$121
Checkup X-rays	\$0	\$226
1 Panoramic X-ray (one/3 years)	\$0	\$133
Fluoride varnish (four)	\$0	\$180

15% off any dental service (20% SRP)

I understand that the Aspire Dental Savings Plan is an **annual agreement paid in advance** and that the following terms and conditions apply:

1. Plan enrollment will automatically renew and bill my valid credit or debit card annually.
2. Benefits are not transferable to other parties.
3. Visits are typically scheduled every three or six months but are available any time within the coverage period. Period coverage begins on the signup date below.
4. Refunds will not be provided for services that are not claimed during the coverage period.

Printed Name _____

Signature _____

Date _____