

Asheville Smile Center

Ultimate Dental Savings Club

This agreement between Asheville Smile Center (Dentist) and _____
_____ (Patient) is established on _____, 20____ and
will expire on _____, 20____. For this period of 12 months, Asheville Smile
center is pleased to include the following benefits for the annual membership fee (specified
below):

- ✓ Two complete basic professional cleanings (not including periodontal treatment).
- ✓ Two complete exams (new patient and/or periodic) by doctor during the hygiene visits.
- ✓ One complete annual required x-ray series (bitewings or full mouth series only).
- ✓ Unlimited Emergency Exams and Problem Focused X-Rays
- ✓ 10% Savings on all non-elective general dentistry procedures, including treatments for periodontal disease, fillings, crowns, bridges, etc.
- ✓ 10% Savings on all purely elective cosmetic dentistry procedures, including Six Month Smiles, Invisalign and porcelain veneers (minimum of 4 teeth).
- ✓ No maximums, no waiting periods, no exclusions, no red tape.
- ✓ 10% Savings on all dental products.

Savings based on payment in full. Savings with other payment methods, such as financing, less 5%.

Total Value: Minimum \$830 to Unlimited, depending on savings on dentistry.

The annual fee to become a member of the Ultimate Dental Savings Club is:

- **Regular Hygiene Cleaning Plan ~ \$375 per year**
- **Periodontal Maintenance Cleaning Plan ~ \$550 per year**

Patient agrees to:

- Attend all scheduled appointments at the scheduled times.
- Give minimum 2 business days notice for rescheduling appointments.
- Comply reasonably with Dentist's clinical recommendations.
- Make on-time payments (maximum savings achieved by paying in full).
- Refer friends, family, coworkers, and neighbors when pleased with our quality and services.

Patient's Signature: _____ Date: _____