



Dental Savers Annual Membership Enrollment Form

- Benefits:
- Two Routine Oral Exams: Free
 - Oral Cancer Screening: Free
 - Two Emergency Exams: Free
 - Cosmetic Procedures: 20% Off
*One Cosmetic Consultation: Free
 - Gingivitis Treatment: 20% Off
 - No Maximums or Deductibles
 - No Waiting Period
 - No Claim Forms
 - Periodontal Evaluation: Free
 - Digital Radiographs as Needed: Free
 - Two Preventative Fluoride Applications: Free
 - Two Cleanings for Healthy Gums: Free
*Does not include gingivitis/gum disease/periodontal cleanings
 - Periodontal Treatment and Care: 20-30% Off
 - All General Dental Procedures: 20% Off
 - Additional Dental Cleanings: 20% Off
 - Invisalign: 10% Off

Enrollment Fee: ● \$299 - adults ● \$269 - children (under 18)

Member Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Alt. Phone Number: _____

Email: _____

I acknowledge and agree to the terms and conditions of AquaSprings Dental - Dental Savers Membership Plan. I understand this is not an insurance program of any kind.

Patient/Guardian Signature: _____ Today's Date: _____

Name & Relationship to Patient (if not patient): _____

For Office Use Only - Application Received By: _____	
Membership Fee Paid: _____	Membership Effective Date: _____



Dental Savers Annual Membership Terms and Conditions

1. Membership is valid for a 12 month period from the date of purchase/enrollment. The annual Membership setup fee is due at enrollment and is NON-REFUNDABLE or transferable. It is NOT an insurance plan and can only be used at AquaSprings Dental.
2. It is the sole responsibility of the member to maximize their benefits by arranging all the appropriate appointments within the 12-month membership period. If the appointments are not used, the member will not be entitled to a refund.
3. The discounted rates do not apply for dental or orthodontic services that are covered by and can be billed to any insurance program that a patient has. Patients who have dental insurance coverage and/or worker's compensation coverage for dental will have all rates for such dental services determined by the insurers and/or as otherwise determined by AquaSprings Dental for services provided outside the dental program.
4. Discounts under your membership do not apply to any treatment prior to joining.
5. Cannot be used in conjunction with another dental plan or insurance.
6. Cannot be used for hospitalization or hospital charges of any kind and can't be used for services covered under workman's compensation.
7. Cannot be used for treatment which, in sole opinion of treating dentist or doctor, lies outside their realm of capabilities.
8. Cannot be used for referral to specialists.
9. Any bill received for dental services must be in paid in full before services are rendered for discounts to apply.
10. AquaSprings Dental reserves the right to change covered services under the Dental Savers Membership and other terms and conditions, including, but not limited to, the discounted fee schedule, at its sole discretion.
11. AquaSprings Dental reserves the right to increase the annual membership fee. In the event of a price increase, existing members will not be charged any additional fees until their yearly renewal, at which time the current membership price will apply.
12. AquaSprings Dental reserves the right to terminate any member's membership at its sole discretion.
13. This agreement shall be construed under the laws of Texas, and all obligations of the parties created hereunder are performable in Travis County, Texas.
14. This agreement constitutes the sole and only agreement by and between the parties. It supersedes any prior understandings or written or oral agreements between the parties concerning the subject matter discussed herein. Member acknowledges that any modification to this agreement must be in writing and signed by both the member and AquaSprings Dental.
15. Any and all disputes, controversies, claims, or demands arising out of or relating to this agreement of any provision hereof, the providing services by AquaSprings Dental to the member, or in any way relating to the relationship between AquaSprings Dental and member, whether in contract, tort or otherwise, at law or in equity, for damages or any other relief, shall be resolved by binding arbitration pursuant to the Federal Arbitration Act in accordance with the Commercial Arbitration Rules then in effect with the American Arbitration Association. Any such arbitration proceeding shall be conducted in Travis County, Texas. This arbitration provision shall be enforceable in either federal or state court in Travis County, Texas, pursuant to the substantive federal laws established by the Federal Arbitration Act. Any party to any award rendered in such arbitration proceeding may seek judgement upon the reward.
16. In the event a motion or litigation is filed or initiated pursuant to this agreement for any reason, member shall be responsible for any and all costs, attorney fees and interest associated with the preparation of and filing of the motion and/or litigation at the rate of \$300.00 per hour. Member has read this entire agreement and agrees to the terms and conditions set forth herein. There are no other agreements regarding this matter, oral or otherwise, between member and AquaSprings Dental.

Member Name: _____ Date of Birth: _____