AURA ORTHODONTICS

Smile Protection Plan

Annual Retainer Subscription Agreement

Patient Name: Parent / Guardian Name: Date:

Program Overview

The Aura Smile Protection Plan (SPP) is designed to maintain and protect your orthodontic results over time. You acknowledge and understand that:

Teeth naturally shift over time. Retainers are essential to maintain alignment. Retainers wear down, stretch, and lose effectiveness with use. Ongoing retainer replacement is required to preserve your result. **Your smile is only as stable as your retainer.**

Subscription Structure

By enrolling in SPP, you agree to the following:

One-Time Replacement Set (non-members, patients)	$600 per set
One-Time Replacement Set (non-members, non-patients)	$700 per set
Retainer Exam, Administrative, and Setup fee (new patient)	$150
Annual Renewal Fee (members)	$279 per set
Off-Cycle Replacement (members)	$379 per set
Existing Patient Setup and/or Re-subscription Fee	$75
Scan Fee	$75 per scan
Opt Out Fee	$0

Annual Retainer Replacement

You will receive **one (1) set of Vivera retainers per year.** The annual renewal fee is **$279 per set**. **Renewal fees are subject to change. You will receive notification of any future changes for review prior to renewal.**

Payment Options

Pay-in-full (PIF) or monthly payment options are available. Pricing may vary depending on payment structure.

Delivery Terms

Your **first set** of retainers will be delivered to and fit at our **clinic**. All **subsequent sets** of retainers will be shipped to your **home address on file**, unless otherwise specified. If you re-locate, you must keep your shipping address updated via the subscription portal any time prior to your next renewal.

Additional Retainer Options

Single Replacement (Non-Members): $600 per set. Off-Cycle Replacement (SPP Members Only) $379 per set, not including new scan fees, if applicable. Fees are required to be collected by Aura Orthodontics.

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Existing Patient Enrolment & Administrative Fees

A $75 setup and administration fee applies to new subscriptions and re-subscriptions. This fee is **waived one time only** if enrolment occurs on **or before your retainer final appointment and** may be waived at the clinic's discretion thereafter.

Scan Fees

A $75 scan fee applies any time a new scan is required, including but not limited to: replacements due to restorative or dental changes, re-subscriptions requiring updated records, new subscriptions requiring updated records, or any other clinically necessary retainer remakes. Post-treatment enrolment may necessitate both a new scan and administrative fee.

New Patient Enrolment & Administrative fees

For individuals who are not existing patients of record, there is a $150 retainer exam, setup, and administration fee and $75 scan fee that is applicable before enrolment into SPP.

Insurance Coverage

Patients who have insurance coverage can submit their receipts for reimbursement. Plan details will need to be confirmed in order for our office to submit necessary pre-approval(s) to the insurance company(s). Pre-approvals are usually valid for 12 months. Patients will need to contact us for resubmission of pre-approvals, if required.

Program Flexibility

You may **opt out of the SPP program at any time** and no cancellation penalties will apply. Fees already paid are non-refundable.

Clinical Acknowledgements

You understand and accept that retainers may also function as: a **night guard** (for mild-moderate grinding/clenching), a light **sports guard** (for light- or non-contact sports), and a **whitening tray**. Retainers must be worn as instructed to maintain results. Failure to wear retainers may result in tooth movement or relapse. Replacement retainers do not correct relapse — additional treatment may be required at an additional cost

Hygiene & Material Awareness

You acknowledge that your retainers may accumulate plaque and bacteria over time and the material may become cloudy, worn, not as retentive, and less effective. Regular replacement is recommended for both **function and hygiene**

Final Acknowledgement

By signing below, you confirm that you understand the purpose and structure of the SPP program, you understand that retention is a lifelong commitment, you agree to the terms outlined above

Patient Signature: Provider Signature: Date:

Payment Agreement

I, , the Financially Responsible Party to this payment agreement, have read and agree to the terms and conditions of this payment agreement as pertaining to the Smile Protection Plan.

Parent/Patient/Guardian Signature: Date:

Term

This Agreement is for a term commencing on the date hereof and continuing until the patient wishes to terminate their subscription to the SPP.

Services Rendered

Dr. Vishal Sharma Inc. or Dr. Sharma Dental Corp. or Drs. Lin & Sharma Inc. (the “Company”) agrees to provide Orthodontic services as indicated on the front page of this agreement and Financially Responsible Party (the “FRP”) agrees to make the payments as provided for herein and abide by the terms and conditions of the Payment Agreement (the “Agreement”).

Binding Effect

This Agreement is a legally binding contract on the part of both the Company and FRP. The person signing this Agreement on behalf of the patient hereby acknowledges that he or she has read and understood all of the terms and conditions of this Agreement and confirms to the Company that he or she is duly authorized to enter this Agreement for and on behalf of the patient and binds the FRP hereto. By signing this Agreement, I have read and agreed to the terms and conditions included herein.

Payments

The FRP will pay the Company for the services provided by the Company in accordance with the Agreement. All payments are made directly to the Company. If you have a dental plan, we will be happy to help you complete the required insurance claim forms to submit for your reimbursement.

Insurance Coverage

Any insurance coverage is subject to approval from the FRPs insurance company based on coverage at the time of treatment starting. Insurance plans are subject to change without notice from the FRP’s employer. In the event of any such change in insurance coverage, the remaining balance will be the responsibility of the financially responsible party identified in the Agreement.

Returned Payments

The Company reserves the right to apply administrative fees for declined credit card or pre-authorized debit payments of $25 without exception.

Delinquent Accounts

The FRP understands payment on account must be up to date. The Company reserves the right to terminate the patient’s subscription to SPP for delinquent accounts.

Entitlement To Discounts

The Company reserves the right to reverse any discounts or special considerations if the account is not in good standing or payments are not made by the required due dates.