

PENINSULA COSMETIC & FAMILY DENTISTRY IN-HOUSE DENTAL PLAN

For Our Patients Without Insurance



Coverage Includes:

- TWO CLEANINGS PER YEAR
- DISCOUNTED DENTAL FEES
- NO DEDUCTIBLE
- NO PRE-AUTHORIZATION
- NO WAITING PERIODS
- COSMETIC DENTISTRY INCLUDED

Coverage Includes

Examination:

New Pt Comprehensive exam	100%
Periodic Exam (two/year)	100%
Limited Exam (Emergency- one/year)	100%

Radiographs:

Full Mouth X-rays (one/3 years)	100%
Bitewings (one/year)	100%
Periapical (first film + 2/year)	100%

Preventive:

Adult Cleaning (two/year)	100%
Child Cleaning (two/year)	100%
Fluoride (two/year)	100%
Perio Maintenance (two/year)	100%

Sealants	50%
Everything Else:	20%

Periodontal Therapy	
Contents	
Crowns, Bridges	
Root Canals, Extractions	
Dentures & Partial	
Implants	
Sedation	

Yearly Membership Dues

First Family Member	\$400.00
Second Family Member	\$300.00
Each Add'l Family Member	\$250.00

NOTE: ALL FAMILY MEMBERS MUST LIVE IN THE SAME HOUSEHOLD

There is no id card, no group or member number to bring! All of your membership information will be kept in your electronic record. Your effective date is the day you sign up and your renewal date is the same date every year.

Sample Fee Savings

	Regular Fee	Discount Fee
One Surface Filing	\$238.00	\$190.40
Anterior Root Canal	\$960.00	\$768.00
Porcelain Crown	\$1438.00	\$1150.40
Nightguard	\$614.00	\$491.20

Terms & Limitations Of The Plan:

This is a dental discount plan and is **not** dental insurance. It CANNOT be combined with any other dental insurance. It is only for **Peninsula Cosmetic & Family Dentistry**. Therefore, if you are referred to a specialist they will not offer this discount. Should there be dental treatment needed following any type of injury where a lawsuit or outside medical care, disability or workman's comp type insurances are involved, this discounted plan cannot be used. This plan is non-transferrable, family members cannot be substituted in for another family member. It is non-refundable, no refunds given if the patient chooses not to use their dental plan. Rates are subject to change annually. Payment for services are due at the time of service. If you choose to extend your payment for treatment, the discount is reduced to 10%. This offer cannot be combined with any other offers. For orthodontic treatment, participant must remain a plan participant the entire duration of orthodontic treatment. Dental services only, products are not included.

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SINGLE VISIT SAMPLE SAVINGS:

NEW PATIENT:

Comprehensive Exam	120.00
Bitewing X-rays	85.00
Periapical X-ray x 2	72.00
Panoramic X-ray	147.00
Prophylaxis	118.00
Fluoride	30.00
TOTAL APPOINTMENT COST	572.00

EXISTING PATIENT WITH ANNUAL X-RAYS:

Periodic Exam	68.00
Bitewing X-rays	85.00
Periapical X-ray x 2	72.00
Prophylaxis	118.00
Fluoride	30.00
TOTAL APPOINTMENT COST	373.00

EXISTING PATIENT WITHOUT X-RAYS:

Periodic Exam	68.00
Prophylaxis	118.00
Fluoride	30.00
TOTAL APPOINTMENT COST	216.00

LIMITED EXAM:

Limited Problem Focused Exam	100.00
Single Periapical X-ray	39.00
*Panoramic X-ray	147.00
TOTAL APPOINTMENT COST	286.00

*Need for Panoramic determined by doctor