### **WELCOMING NEW PATIENTS**



Join Pristine Dental Center's In-House Dental Saving plan

# Your Smiles Matters

Take advantage of our highly discounted member exclusive dental treatment prices. By taking out all hassles of complicated insurance terms and processes, we offer affordable rates to help you achieve a beautiful smile and pristine oral health. Our mission is to bring low cost dental care to every patient.

ASK ONE OF OUR STAFF
MEMBERS HOW TO APPLY
FOR OUR PLAN TODAY!

### **PROGRAM GUIDELINES**

- This plan cannot be used In conjunction with another dental plan or financing program such as Care Credit. If you choose to extend your payment for treatment by paying with Care Credit, the plan discount will be reduced by 10%.
- This plan Is non-transferrable and nonrefundable.
- This plan is effective for exactly one calendar year
- This plan is honored only at Pristine Dental Center towards dental procedures only and cannot be used at any other dental office.
- If you are referred to a specialist, the discounted fees will not apply.
- Should there be dental treatment needed following any type of Injury where a lawsuit and therefore outside medical care, disability, or workman's comp type Insurances are Involved, this discounted plan cannot be used.
- Patient's portion of treatment Is due on the day of service, no exceptions.

## Visit us

Visit Pristine Dental online at www.pristinedentalcenter.com





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www.pristinedentalcenter.com
610-352-0500

## DENTAL SAVING PLAN **BENIFIT PREMIUMS**

#### **TOTAL ANNUAL COST:** PLAN: \$229 INDIVIDUAL ADDITIONAL ADULT \$200 \$150 **ADDITIONAL CHILD** \*(13 YRS OLD & UNDER)\*

### OUR BASIC PLAN FOR \$229 WILL INCLUDE:

- New Patient Comprehensive Exam
- Periodic Exam (2 per year)
- Limited Exam (2 per year)
- Cleanings (2 per year)
- Fluoride (2 per year)
- Deep Cleanings
- X-rays
- Oral Cancer Screenings
- Sealants
- Fillings
- Crowns
- **Root Canals**
- Extractions
- Partials/Dentures



Starting at \$4000

To find out if Invisalign would be a good fit for your smile, call our INVISALIGN office today to plan your visit.



**PROVIDER** 

## Coverage

Member discount **Treatment** 

### **Preventative**

Adult Prophy (2 per year)	100%	
Child Prophy (2 per year)	100%	
Flouride (2 per year)	100%	
Oral Canc <mark>er Screening</mark>	100%	
Sealants	20%	

### Diagnostic and X-rays

Comprehensive Exam	100%
Periodic Exam (2 per year)	100%
Limited Exam (2 per year)	100%
Full Mouth X-rays	100%
(1 every 3 years)	
Bitewing X-rays (1 per year)	100%
Bitewing X-rays (1 per year) Periapical, First film	
	100%
Periapical, First film	100% 100%

#### **All Other Procedure**

Cosmetic Dentistry	20%
Periodontal Therapy	30%
Composite Filling	30%
Deep cleaning	30%
Core Buildup	30%
Crown/Bridge	30%
Root Canal Therapy	30%
Extraction	30%
Implants	30%

### AFFORDABLE DENTAL **COVERAGE** FOR THE ENTIRE FAMILY!

SERVICE:	STANDARD FEE:	IN-HOUSE	PLAN FE
ADULT PROPHY	\$95	\$0	
COMP. EXAM	\$85	\$0	
PERIODOC EXAM	\$65	\$0	
FULL MOUTH X-RA	AYS \$210	\$0	
PANORAMIC	\$150	\$0	

PATIENTS AGREE THAT PRISTINE DENTAL CENTER'S FEES MUST BE PAID AT THE TIME SERVICES ARE RENDERED, ANY SERVICE NOT PAID FOR AT THE TIME OF SERVICE WILL BE BILLED AT USUAL AND CUSTOMARY FEES. PLAN FEES ARE VALID ONLY WHEN PAID AT THE TIME OF ENROLLMENT. ALL FAMILY MEMBERS MUST RESIDE IN THE SAME HOUSEHOLD. THIS IS NOT AN INSURANCE PRODUCT.

### **IMMEDIATE ELIGIBILITY**

- **NO YEARLY MAXIMUMS**
- NO DEDUCTIBLES
- NO CLAIM FORMS
- NO PRE-AUTHORIZATION **REQUIREMENTS**
- NO WAITING PERIODS
- NO MISSING TOOTH CLAUSE

ASK ONE OF OUR STAFF MEMBERS HOW TO APPLY FOR **OUR PLAN TODAY!**