WELCOMING NEW PATIENTS



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 nontransferrable and non-refundable.
- 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 Center online at



www.pristinedentalcenter.com



Pristinedentalcenter



9027 WEST CHESTER PIKE, UPPER **DARBY, PA 19082** www.pristinedentalcenter.com 610-352-0500

DENTAL SAVING PLAN BENIFIT PREMIUMS

PLAN:	TOTAL ANNUAL COST:
INDIVIDUAL	\$279
ADDITIONAL ADULT	\$249
ADDITIONAL CHILD	\$189

(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

INVISALIGN **PROVIDER**

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

Coverage

Preventative Adult Prophy (2 per year)......100% Child Prophy (2 per year)...... 100% Flouride (2 per year)..... 100% Oral Cancer Screening.......100% Sealants 20%

Diagnostic and X-rays Comprehensive Exam......100%

Periodic Exam (2 per year)

(1 every 3 years)

oriodio Exami (2 por your)		
imited Exam (2 per year) 100%		
ull Mouth X-rays100%		
every 3 years)		
itewing X-rays (1 per year) 100%		
eriapical, First film100%		
eriapical, 2 Additional film 100%		
anoramic 100%		

All Other Procedure

20%

Cosmetic Dentistry.....

Periodontal Therapy3	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: I	N-HOUSE PLAN F
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

IMMEDIATE ELIGIBILITY

HOUSEHOLD. THIS IS NOT AN INSURANCE PRODUCT.

- **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!**

^{**}The family includes family members and children under 18 or children who are enrolled in college fill-time until the age of 23.**