

Enrollment Application

Yes, please enroll me your In-Office Dental Plan.

I understand the services and fees are guaranteed for one year from the date my payment is received. The annual prepaid fee is non-refundable or transferable to another person. I assume the responsibility to make sure I receive my two cleanings and X-rays within a year from my payment for this plan. I agree to make my co-payments at the time of service unless other financial arrangements are made in advance.

Signature _____

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Work Phone _____

Date of Birth _____

Other Enrolees:

Name _____ Date of Birth _____

Method of Payment:

Check

Cash

Credit Card:

Name on card _____

Card # _____

Exp. _____

Fee Schedule

Service	Regular Fee	Plan Fee
<u>Diagnostic and Prevention</u>		
Comprehensive Exam (once a year)	\$99.00	No Charge
X-rays (once a year)	\$124.00	No Charge
Full Set of X-rays	\$137.00	No Charge
Adult Cleaning	\$100.00	No Charge
Child cleaning	\$74.00	No Charge
Child Fluoride	\$42.00	No Charge
Adult Fluoride	\$45.00	\$30.00
Surface Sealant	\$80.00	\$40.00

Fillings Posterior

Tooth Colored Fillings		
1 Surface	\$210.00	\$143.00
2 Surface	\$320.00	\$190.00
3+ Surface	\$341.00	\$230.00
Root Canal (Molar)	\$1069.00	\$830.00

Prosthetics

Full Porcelain Crown	\$1250.00	\$895.00
3 Unit Bridge	\$3,798.00	\$2790.00
Core Build-up	\$300.00	\$195.00
Inlay/Onlay 3 surface	\$1275.00	\$890.00
Porcelain Veneer Facings	\$1250.00	\$900.00
Lumineers	\$1200.00	\$900.00

Periodontics (Gum Treatment)

Root Planing (per quad)	\$300.00	\$180.00
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Oral Surgery & Teeth Whitening

Extractions (Adult)	\$300.00	\$200.00
Zoom Whitening	\$600.00	\$450.00

Gentle Dentistry Cosmetic and Family Dentistry

Mozhgan Andaalibi-Abadan, DDS

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**A Low cost pre-paid Dental Plan
Exclusively prepared for our patients**

We also provide:
Dental Implants
Full Mouth Makeovers
Orthodontic Appliances
Zoom Teeth Whitening

Certified Invisalign Provider
Certified Lumineers Dentist



A Dental Plan Just for our Patients

For many years, we have been asked by some of our patients, who do not have dental insurance coverage, about which insurance plan we recommend. Although we cannot recommend a particular dental insurance plan for your needs, we do recognize some problems with dental insurance plans. Most dental insurance companies require group participation, and the few individual plans available have been found to be extremely expensive. Some low cost plans come with many limitations, exclusions, and high out of pocket co-payments for many procedures. Therefore, in order to provide low cost, high quality dentistry, we have developed our own in-office dental plan exclusively for our patients. This plan is unmatched for low cost, quality care, and its scope of benefits.

Cost of Plan:

<u>Adults</u>	<u>\$250.00</u>
<u>Children (to 14 years of age)</u>	<u>\$195.00</u>
<u>Family Plan (2 Adults & 2 Children)</u>	<u>\$750.00</u>
<u>Additional Child</u>	<u>\$155.00</u>

(Above fees are per year, per enrollee)

What this Plan Provides:

Annually

2 Regular Cleanings

1 Examination

1 Set of X-rays

2 Fluoride Treatments for Children

All other dental procedures listed at greatly reduced fees (See Fee Schedule for included services)

Advantages of Our In-Office Plan over Dental Insurance:

No Claim Forms to fill out

No Monthly premiums

No Deductible (usually \$25 to \$77)

No Yearly maximum benefits

No Required pre-authorization

No Exclusion on pre-existing conditions

No Denials of coverage for cosmetic reasons

No 6-12 month waiting period before major dental work can begin

Provisions of this Plan

The annual pre-paid fee is non-refundable. Our plan is for you and is not assignable to another person.

There is a one year time limit for completion of all services provided by our plan.

Reduced fees listed in this brochure are subject to an annual increase at the start of each calendar year for inflation and cost of living. A grace period of 3 months after enrolment of plan will apply to any patient signing up at the end of a calendar year.

It is the responsibility of the patient to make sure they schedule and receive all covered benefits including exam and cleanings.

Appointments are required and we must be notified of cancellations 48 hours in advance.

No other discounts apply. Payment is due at the time of service unless previous financial arrangements have been made.