

BACK COVER (5 in)

FRONT COVER (5 in)

Cost of Dental Benefits Plan *

| | | |
|-------------------------------|--------------------|--------------|
| Subscriber | 1 x \$199 per year | \$199 |
| Each additional family member | x \$99 per year | |
| *Benefit Year | Total | |

Signature _____

Date _____

SAFE ZONE

| | | | | | | | | | |
|--------------------------------------|--|----------------|-----|---|--------------------------------------|-------------------|----------------|-----|-----|
| Last Name | | First Name | | Middle Initial | | Social Security # | | | |
| Street Address | | City | | State | | Zip Code | | | |
| Employer/Organization | | Birth Date | | Sex <input type="checkbox"/> M <input type="checkbox"/> F | | E-mail | | | |
| Effective Date | | Home Phone | | Cell Phone | | | | | |
| Last Name (if different), First Name | | Middle Initial | Sex | Age | Last Name (if different), First Name | | Middle Initial | Sex | Age |

Let below all your eligible dependents that you wish covered.

DENTAL BENEFIT ENROLLMENT

(PLEASE PRINT)

FOLD



VDG Dental Benefit Plan



General, Implant, Laser & Cosmetic Dentistry

New Patients Welcome
310.676.2922
 8540 S. Sepulveda Blvd., Suite 108
 Los Angeles, CA 90045
www.VatanDentalGroup.com

Because your smile says so much!

SAFE ZONE

Benefits at a glance...

High quality dental care at affordable prices.

Simple to use - when you need care

- No claim forms
- No waiting period

Save money - on all dental services

- General dentistry
- Cosmetic dentistry
- Implant dentistry
- Periodontics (gum treatment)
- Oral surgery (extractions)
- Endodontics (root canal)
- Orthodontics (Clear Aligner Therapy)
- Dentures

Advantages

- Low cost
- No deductible
- No annual maximum
- Pre-existing conditions covered
- Totally voluntary

What if I have other insurance?

Benefits CANNOT be used with any other insurance. This plan is limited to patients that have no access to conventional insurance plans.

It's easy to enroll!

1. Complete the attached enrollment card or call our office.
2. Make sure all eligible dependents desiring enrollment are listed with birth dates.

Limitations

- **Prophylaxis** (cleaning) at the discounted rate is limited to once every six months, and includes a complimentary doctor exam at that time.
- **Bitewing x-rays** are limited to one series of four films every calendar year.
- **Full mouth x-rays** are limited to once every 36 months.
- **Periodontal treatment** (scaling and root planning) are limited to one treatment per quadrant every calendar year.
- **Benefits** are unique to Vatan Dental Group and do not apply outside the office.
- **The plan** is valid for 1 year from start of membership.
- **Benefits** are on service only. Not on any products purchased.
- **Child** is 13 years and younger.

| Cost of Benefits Plan | |
|---|----------------|
| Subscriber | \$199 per year |
| Each additional immediate family member | \$99 per year |

You may begin using your Dental Plan as soon as your application and payment are submitted to our office.



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| Diagnostic and Preventative | Usual Fee | Plan Fee | You Save | Periodontics (treatment of gums) | Usual Fee | Plan Fee | You Save | | | |
|--|-----------|----------|--------------|--|-----------|----------|-------------|-------|-------|-------|
| Periodic Exam | \$90 | Free | \$90 | Periodontal disease treatment (per quadrant) Includes laser | \$290 | \$255 | \$35 | | | |
| Limited oral exam (problem focused) | \$125 | Free | \$125 | Periodontal disease maintenance + doctor exam | \$185 | \$135 | \$50 | | | |
| Recall X-rays | \$95 | Free | \$95 | Periodontal laser surgery (pocket reduction per tooth) | \$1250 | \$1050 | \$200 | | | |
| Full mouth X-rays** | \$175 | Free | \$175 | Implant Dentistry | | | | | | |
| Flouride | \$25 | Free | \$25 | Implant placement | \$1690 | \$1490 | \$200 | | | |
| Adult Prophylaxis | \$120 | \$95 | \$25 | Implant abutment (custom) | \$750 | \$550 | \$200 | | | |
| Child Prophylaxis | \$90 | \$75 | \$15 | Implant cosmetic crown | \$1500 | \$1350 | \$150 | | | |
| Sealants | \$98 | \$65 | \$33 | Implant supported dentures (i.e. on 4 and Overdentures) | | | 5% Discount | | | |
| Full night guard | \$685 | \$545 | \$140 | Endodontics (root canal therapy) | | | | | | |
| **Once every three years | | | | Root canal - anterior | | | | \$890 | \$750 | \$140 |
| Restorative Dentistry | | | | Root canal - bicuspid | | | | \$980 | \$850 | \$130 |
| Resin White filling - one surface | \$250 | \$195 | \$55 | Root canal - molar | \$1125 | \$995 | \$130 | | | |
| Resin White filling - two surfaces | \$335 | \$240 | \$95 | Pulpotomy | \$275 | \$200 | \$75 | | | |
| Resin White filling - three surfaces | \$350 | \$255 | \$95 | Cosmetic Procedures | | | | | | |
| Resin White filling - four surfaces | \$375 | \$295 | \$80 | Veneer | \$1475 | \$1250 | \$225 | | | |
| Crown Build Up | \$250 | \$150 | \$100 | Laser Whitening | \$225 | \$195 | \$30 | | | |
| Cosmetic Partial Crown (Inlay) | \$1385 | \$1100 | \$285 | Laser Procedures | \$195 | \$135 | \$60 | | | |
| Cosmetic Full Crown/Onlay/Bridges (Per Unit) | \$1475 | \$1250 | \$225 | Home Bleaching Trays | \$195 | \$165 | \$30 | | | |
| Dentures and Related Procedures | | | 10% Discount | Clear Aligner Therapy Unlimited | \$5200 | \$4900 | \$300 | | | |
| | | | | Clear Aligner Therapy Express | \$3500 | \$3200 | \$300 | | | |
| *Per Unit | | | | *All other non-laser and non-sleep apnea procedures are discounted by 10%. | | | | | | |