WELCOMING NEW PATIENTS



Join Andorra Family Dentistry'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 non-refundable.
- This plan is effective for exactly one calendar year
- This plan is honored only at Andorra Family Dentistry 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 Andorra Dentistry online at **www.andorradental.com**

IN - HOUSE

DENTAL SAVING

PLAN



8919 RIDGE AVENUE, SUITE #9 PHILADELPHIA, PA 19128 ANDORRADENTAL@GMAIL.COM www.andoradental.com 215-500-9200

DENTAL SAVING PLAN BENIFIT PREMIUMS

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

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 office today to plan your visit.

	DIAMOND+
è	TOP 1%
r	INVISALIGN
	PROVIDER

Coverage

Treatment

Member discount

% % %

Preventative

Adult Prophy (2 per year)	1009
Child Prophy (2 per year)	1009
Flouride (2 per year)	100
Oral Cancer Screening	
Sealants	20%

Diagnostic and X-rays

Comprehensive Exam		
Periodic Exam (2 per year)		
Limited Exam (2 per year)		
Full Mouth X-rays		
(1 every 3 years)		
Bitewing X-rays (1 per year)		
Periapical, First film		
Periapical, 2 Additional film		
	10070	
Panoramic		

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 PL	AN FEE:
ADULT PROPHY	\$95	\$0	
COMP. EXAM	\$85	\$0	
PERIODOC EXAM	\$65	\$0	
FULL MOUTH X-R	AYS \$210	\$0	
PANORAMIC	\$150	\$0	
	ADULT PROPHY COMP. EXAM PERIODOC EXAM FULL MOUTH X-R	ADULT PROPHY \$95 COMP. EXAM \$85 PERIODOC EXAM \$65 FULL MOUTH X-RAYS \$210	ADULT PROPHY\$95\$0COMP. EXAM\$85\$0PERIODOC EXAM\$65\$0FULL MOUTH X-RAYS\$210\$0

PATIENTS AGREE THAT ANDORRA FAMILY DENTISTRY'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

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

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