

This plan is designed specifically for people who do not have dental insurance

This plan is effective for 12 months from the date of purchase. The cost of the plan is \$350 dollars and is renewable 12 months from the effective date. The plan is non-transferable. This plan is designed to encourage patients to seek dental treatment. As a result of joining the plan, we hope that you become a satisfied dental patient and refer your family and friends. As a member of our plan, you will be able to participate in our "Smile Card" program and receive additional credits toward your dental treatment. Remember that this is not a dental insurance plan but a dental fee discount plan. The plan is for only the procedures listed.



Reaching out to the community



**Portland's Affordable Dental Plan
WWW.DRWARDINTERSTATEDENTAL.COM**

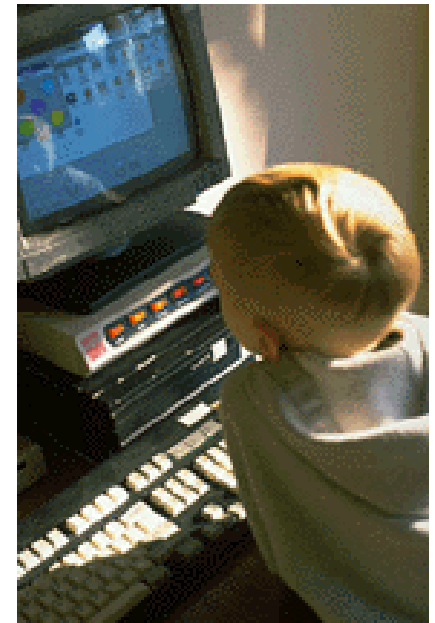
Interstate Dental Clinic
5835 N. Interstate Avenue
Portland, Oregon 97217

Phone: 503-285-5307
Fax: 503-285-3462

Email: drward@teleport.com
[Www.DrWardInterstateDental.com](http://www.DrWardInterstateDental.com)



A Reduced Cost Dental Plan for People without Dental Insurance



503-285-5307

Office Dental Plan Designed for You Our Patient



Let us take the worry and fear of the cost of dental care away.

The fees are listed indicating the usual and customary fee, discounted fee for plan member and the plan savings. Not only are you saving on the plan but you are eligible to participate in our "Smile Card" program. The "Smile Card" participant will receive additional credit towards their plan fees.

The plan fees are for specific services. Any other options will be discussed prior to treatment.

This plan is designed specifically to help patients who are temporarily without dental insurance and for the self-employed who want to resist paying monthly premiums. There are no monthly premiums, no preexisting conditions, no deductibles, and no waiting period with this in office dental plan. The plan cost is \$350/year for the first family member and \$150/year for each additional family member. The plan is renewable every 12 months. To assist in assisting our patients in paying for the plan and services, we have payment options:

- Cash
- Checks
- Credit cards
- Help-Card
- E-Z Pay

There are no warranties on dental services.

THE LISTED FEES ARE CONFIDENTIAL

**Membership Fee is \$350 per year
Additional members Fee \$150
Membership 12 months and must be renewed**

| Procedure Name | Usual Fee | Member Fee | Savings |
|---|----------------------------------|-------------------|-----------------------------|
| Routine 6 moths Checkup | \$103 | \$49 | \$54 |
| In Depth Checkup | \$116 | \$78 | \$38 |
| Full-mouth x-ray | \$182 | \$129 | \$53 |
| Bite Wings 4-films | \$97 | \$69 | \$28 |
| Adult Cleaning | \$129 | \$106 | \$23 |
| Child Cleaning | \$92 | \$49 | \$43 |
| Sealant-Per tooth | \$74 | \$59 | \$15 |
| White Filling | \$225 | \$149 | \$76 |
| Crown Porcelain | \$1426 | \$996 | \$430 |
| Crown Porcelain Fused to metal | \$1352 | \$995 | \$357 |
| <i>Bleaching free (negotiable) following needed gum and fillings treatment (completed). Night guard free (negotiable) following needed gum and filling treatment (completed).</i> | | | |
| Core Build up | \$328 | \$256 stand alone | Free with crown/ root canal |
| Root Canal-Ant | \$950 | \$723 | \$227 |
| Root Canal-Bi | \$1104 | \$833 | \$271 |
| Molar | \$1896 | \$1299 | \$597 |
| Periodontal Scaling and root planning (Per Quadrant) | \$363 | \$219 | \$144 |
| Upper Denture | \$2220 | \$1877 | \$343 |
| Lower Denture | \$2260 | \$1895 | \$365 |
| Implants | Discounted case dependent | | |
| Simple extraction | Discounted case dependent | | |

Membership Sign-Up Form



Name _____

Address _____

Phone _____

Method of Payment

- Visa
- MasterCard
- American Express

Credit Card # _____ Exp. date _____

Signature _____



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