

What is the PERFECT TEETH Dental Plan?

The PERFECT TEETH™ Dental Plan is an affordable, easy-to-understand, easy-to-use alternative to traditional dental insurance. The plan is a discount dental plan that allows you and your family significant savings on all kinds of dental work, from preventive teeth cleanings to oral surgery to cosmetic dentistry to implants.

On average, discounts range from 30% to 70% depending on the services you and your family need.

Plus the plan has:

- **NO** Deductible
- **NO** Maximums
- **NO** Exclusions for Pre-Existing Conditions
- **NO** Waiting Period

With discounts on almost all services,* this plan can save you and your family hundreds of dollars annually, and ensure that you have a healthy smile for years to come.

Enroll now and start enjoying your discounts immediately!

Annual Membership Fee

Individual Membership.....	\$95
Individual + 1 dependent	\$125
Individual + 2 or more dependents.....	\$150

PERFECT TEETH™

PERFECT TEETH™ is a network of dental offices in Colorado, New Mexico and Arizona. Proudly serving the region since 1995, our "Patients First" philosophy has helped us grow to be the largest provider of dental services in the region, with over 65 offices and more than 100 dentists providing both general and specialty dentistry services. Our offices feature experienced family dentists, caring support staff, state-of-the-art equipment, and easy scheduling, billing and financing.



Find a PERFECT TEETH near you!
perfectteeth.com/find-a-dentist

PERFECT TEETH™ Dental Plan



The affordable, easy-to-understand, easy-to-use alternative to dental insurance.

For more information, contact us:
www.perfectteeth.com/dental-plans
 direct.....303-691-8080
 toll-free.....1-877-550-8079

 facebook.com/perfectteeth

 youtube.com/ThePerfectteethTV

PERFECT TEETH™
Patients First

* Excludes orthodontics. Ask about our \$149.99 down and \$99 monthly payment ortho program.

Membership Enrollment Form

PERFECT TEETH Office Selected _____

Last Name _____

First Name _____

Middle Initial _____

Date of Birth ____/____/____ Male Female

Married? Yes No

Mailing Address _____

City _____ State _____ Zip _____

Home Telephone (____) _____

Cell Phone (____) _____

E-mail Address _____

Additional Family Members to be Included:

Last Name, First Name, M.I. Relationship D.O.B.

I am enrolling in the PERFECT TEETH Dental Plan (hereinafter referred to as PTDP) for a minimum consecutive 12 months from the date of enrollment. I understand that should I elect to cancel my participation in the PTDP prior to completing my 12 month obligation that I will be responsible for full fee for services rendered during my enrollment. This agreement can be terminated by the PTDP Administration without cause by returning the prorated portion of the membership fee to the above address. By my signature affixed below, I affirm that the payment conditions and dental services provided under this plan have been fully explained to me. Pursuant to the Health Insurance Portability and Accountability Act of 1996, my signature authorizes the PERFECT TEETH organization to utilize my Protected Health Information (PHI) to carry out treatment, payment and healthcare operations. I understand that it is the policy of PERFECT TEETH to only utilize the minimum PHI to facilitate my treatment under this plan.

Signature _____

Date _____

Or Enroll Online at

www.perfectteeth.com/dental-plans

Your Savings

Below is a list of PERFECT TEETH Dental Plan fees for common dental treatments. Savings on additional procedures are available online at www.perfectteeth.com/dental-plans.

Treatment	Full Fee*	Your Cost
Office Visit		\$5.00
Diagnostic & Preventive		
Exam	\$77.00	\$0.00
Complete X-rays	\$152.00	\$0.00
Preventive Cleaning – Adult	\$90.00	\$40.00
Preventive Cleaning – Child	\$80.00	\$20.00
Fluoride Varnish	\$35.00	\$25.00
Fillings		
Front Tooth – 1 surface	\$123.00	\$85.00
Front Tooth – 2 surface	\$163.00	\$105.00
Front Tooth – 3 surface	\$199.00	\$110.00
Back Tooth – 1 surface	\$143.00	\$100.00
Back Tooth – 2 surface	\$263.00	\$125.00
Back Tooth – 3 surface	\$333.00	\$145.00
Crowns		
Ceramic	\$1,408.00	\$850.00
Porcelain fused to High Noble	\$1,314.00	\$750.00
Porcelain fused to Base Metal	\$1,055.00	\$495.00
Build up	\$330.00	\$135.00
Implant Crown	\$4,693.00	\$2,995.00
(Extraction/Implant/Custom Abutment/PFM)		
Periodontics		
Root Planing & Scaling <i>full quad</i>	\$319.00	\$130.00
Root Planing & Scaling <i>1-3 teeth</i>	\$175.00	\$75.00
Oral Irrigation <i>per quad</i>	\$15.00	\$10.00
Perio Maintenance	\$162.00	\$75.00
Endodontics		
Root Canal – Front	\$828.00	\$425.00
Root Canal – Bicuspid	\$994.00	\$480.00
Root Canal – Molar	\$1,323.00	\$860.00
Dentures		
Upper	\$1,133.00	\$825.00
Lower	\$1,133.00	\$675.00
Upgraded Teeth (Per Arch)		\$500.00
Oral Surgery		
Extraction – Simple	\$156.00	\$115.00
Extraction – Surgical	\$232.00	\$175.00

* Full Fee is based on 2014 Colorado fees which vary slightly by state. Additional fees may apply depending on the services you need. Dental fees are subject to change without notice. The PTDP may not be used in conjunction with any other insurance or discount plan.



PERFECT TEETH™

Other Things You Need to Know

The **PERFECT TEETH Dental Plan (PTDP)** is designed and administered by PERFECT TEETH. Our plan offers the finest professional care available at a significant discount.

Eligible family members include legal spouse and dependent children up to age 26. Additional family members may be added at any time if payment is made in full for the additional member back to the start of the plan. Family members may be dropped from the plan only at the end of the plan year.

By enrolling in the **PERFECT TEETH Dental Plan (PTDP)**, members agree to a minimum consecutive 12 month obligation. Members who elect to cancel participation prior to the satisfaction of the 12 month obligation will be responsible for full fee for services rendered during their enrollment. This agreement can be terminated by the PTDP Administration without cause by returning the prorated portion of the membership fee to the member's address of record.

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), **PERFECT TEETH** will utilize our patients' Protected Health Information (PHI) to carry out treatment, payment and healthcare operations utilizing the minimum PHI possible.