

Apply Now!

Compare Us!

Platinum Dental Health Benefit Savings Program

Date: _____
 Name: _____
 Address: _____

 Phone: _____
 Email: _____
 Date of Birth: _____
 Social Security #: _____

Program Options:

- Adult One Year Membership (\$239)
- Family – One Adult (\$239 + \$139 x _____)
number of additional family members

Name: _____
 DOB: _____ SS#: _____
 Name: _____
 DOB: _____ SS#: _____
 Name: _____
 DOB: _____ SS#: _____

Amount of Payment: \$ _____
 Payment Options:
 Check Enclosed Bill My Credit Card
 #: _____ Exp. Date: _____
 Card Type: Visa MasterCard
 Discover American Express

I understand and accept all terms and conditions of the Pennsylvania Center for Advanced Dentistry Platinum Dental Health Benefit Savings Program as outlined in this brochure and hereby authorize the Pennsylvania Center for Advanced Dentistry to charge my credit card (if applicable) as indicated above, for the payment of my membership.

Member Signature _____ Date _____

Mail or bring completed form to:
 Pennsylvania Center for Advanced Dentistry,
 602 Lakeside Drive, Southampton, PA 18966

Plan Maximums

No Fee Preventive Care

Routine Hygiene

Appointments (2 per year)

X-rays Needed

Cosmetic Dental Procedures

Courtesy Fee Reduction

No Pre-Approval Required

No Pre-Existing Conditions

No Deductibles

No Waiting Period

No Claims To Process

Continual Open Enrollment

Our Program	Dental Insurance Company Plans**
none	\$1000 - \$2000
✓	✓
✓	✓
✓	with restrictions
✓	not covered
20%	none
✓	necessary
✓	sometimes
✓	usually a deductible
✓	very common
✓	always a claim
✓	no

**Our comparison to other dental insurance plans are assumed and are based on usual coverage. They are not intended to be construed as completely representative of all plans or dental policies.

PAYMENT PROTOCOL:

In order for the Pennsylvania Center for Advanced Dentistry (PCAD) to extend these significant fee courtesies within the terms of this program, we must comply to the following payment protocols.

- The Platinum Dental Program's one year membership must be paid in full at the time of enrollment.
- The program's membership will be valid for one year from the date the enrollment fee is received.
- All fees for treatment are due and payable when treatment is received. All fees for treatment consisting of multiple appointments and/or when there are lab fees are due at the first appointment.
- PCAD has the right to refuse treatment and/or cancel this program's membership without notice if the member's account becomes delinquent at any time. All other PCAD Office Policies apply.

EXCLUSIONS:

If dental treatment was started prior to becoming a member of this program the courtesy discounts offered do not apply. Dental treatment completed while a member of this program can not be combined with dental insurance benefits, any other courtesy discounts, promotions or outside financing plans (i.e. Care Credit). This is not a dental insurance plan but a dental courtesy discount program, limited to dental treatment provided by the **Pennsylvania Center for Advanced Dentistry**.



PENNSYLVANIA
 CENTER FOR ADVANCED DENTISTRY
 JAMES RHODE D.D.S.

602 Lakeside Drive
 Southampton, PA 18966
 Phone: 215-396-9515
 Fax: 215-396-9517
 Website: jamesrhodedds.com
 Email: jrhodedds@yahoo.com

Platinum Dental Health Benefit Savings Program

Every Procedure
is Covered!

Dr. James Rhode and his associates at Pennsylvania Center for Advanced Dentistry have made it possible for any individual or family to obtain optimal, quality, and cosmetic dentistry at affordable fees.

In order to provide excellent dental care for those who are “health and wellness” concerned, esthetically conscious and/or preventively oriented, our office has organized a private, ultimate dental health benefit savings program. This select group will save money on every dental and oral service we provide at our office. It will also guarantee convenient and priority appointments for its members. This will provide ideal care at more affordable costs that are not available for most of the general public that do not have any dental benefit program.

An Overview of What the Program Secures

Our Platinum Program has no yearly maximum, no restrictions as to what type of service is covered and needs no authorization for permission to provide dental services. There is no waiting period and provides service immediately. An annual fee of \$239 will include free preventive services and 20% off all other services provided to you. Family members may be added for a reduced fee of \$139 for each additional participant.

Here's what is included in the annual fee:

- 2 regular cleanings per year
- 2 regular dental examinations by the dentist
- Any necessary x-rays which includes:

- A full mouth digital series of x-rays (every 5 years)
- 7 vertical bite wing x-rays

This preventive schedule saves you over \$100 per annual enrollment period immediately. It does not include periodontal therapy for diseased gums.

All other services including elective whitening, porcelain veneers, and bonding will be eligible for a 20% discount for all treatment during the 12-month enrollment period.

Our Payment Policy

- Your membership will be valid for one year upon full payment of the enrollment fee.
- All services to be paid in full at the time service is rendered.
- It's simple and easy.

Renewed annual enrollment after the first 12 months will earn you a reduction in membership fees in coming years.

Excluded from the Program:

- Treatment already in progress prior to enrollment period is not eligible for reduced discounts.
- This private membership cannot be combined with any other dental insurance benefits or third party financing programs (i.e. Care Credit).
- This plan is a reduced fee discount plan and only applies to services provided at the Pennsylvania Center for Advanced Dentistry.

Diagnostic

no charge

Two Complete Exams, Oral Cancer Screening, Any Needed Digital X-rays, and Periodontal Evaluation.
Emergency Exam reduced fee of \$40

Preventive

no charge

Twice yearly – 2 Routine Prophylaxis – Adult or Child
Fluoride Treatment at request
Any other preventive services

****If more than 2 routine prophylaxis appointments are necessary there will be a 20% fee reduction.**

All other Dental Services have an automatic fee reduction of 20%

Dental Restorative Services

Cosmetic Restorative Dentistry

Elective dental procedures including Full Porcelain Crowns, and Full Porcelain Veneers

Endodontics

In office Root Canal Therapy, Pulpectomies, Pulpotomies

Periodontics

Periodontal (gum therapy) – including “Deep Cleaning”, Antibiotic Placement and Irrigation

Removable Prosthodontics

Removable Partial Denture (any design), Full Removable Dentures, Repairs and Relines

Fixed Non-Removable

Permanent Cemented Bridges

Implant Supported Prosthodontics

All Crowns, Permanent Bridges and Removable Bridges that are implant supported

Miscellaneous Dental Services

Includes Teeth Whitening – Night, Sport and Occlusal Guards