FRIENDLY DENTAL is pleased to offer our new affordable discount dental plan.

Do you have dental insurance?

Is your dental insurance giving you the coverage you deserve?

Why pay full price for your dental treatment when you can have the coverage you need.

No waiting periods.

No maximums.

Buy it today, use it today.



FRIENDLY DENTAL

Website: www.FriendlyDentalGroup.com



Affordable Discount Dental Plan

FRIENDLY DENTAL
1-866-SMILE -USA
Website:
www.FriendlyDentalGroup.com

TEL: 1-866-SMILE-USA TEL:1-800-SONRISA website:www.friendlydentalgroup.com SE HABLAS ESPANOL

Affordable Discount Dental Plan

Plan fee per year. NO waiting period.

\$275 per year for the primary member and \$175 for each additional family member.

Additional members are limited to spouse and children up to the age of 25.

Additional members may be required to show proof of relationship to plan holder.

Plan expires 1yr from initial enrollment date of the primary subscriber.

			1 Tostilodolitics itelliovable				
Services Covered			5130	Immediate Denture - Maxillary			
			5140	Immediate Denture - Mandibular			
ADA C	ode Procedure	Co-pay	5211	Maxillary Partial - Resin Base			
			5212	Mandibular Partial - Resin Base			
Diagn	ostic & Preventive		5213 Maxillary Partial - Metal/Flex				
0420	Periodic Oral Eval		5214	Mandibular Partial - Metal/Flex			
0120 0140	Limited Oral Eval	\$0 ** \$0 *	Prosth	Prosthodontics Other (+) Lab Fee			
0140	Comp Oral Eval	\$0 \$0 *	5410	Adjust Denture - Maxillary			
	•		5411	Adjust Denture - Mandibular			
0220	X-Ray Periapical	\$0 \$0	5421	Adjust Partial - Maxillary			
0230 0274	X-Ray Additional	\$0 \$0 *	5422	Adjust Partial - Mandibular			
0330	X-Ray Bitewing (4) Panoramic X-Ray	\$0 \$0 ***	5510	Repair Broken Denture Base			
0330	Failuraillic A-Nay	φυ	5520	Replace Each Tooth - Denture			
1110	Prophy Adult	\$0 **	5610	Repair resin Denture Base			
1120	Prophy Child	\$0 \$0 **	5630	Repair / Replace Broken Clasp			
1206	Fluoride (child only)	\$0 **	5650	Add Tooth To Existing Partial			
1200	Fluoride (Crilid Orliy)	φυ	5660	Add Clasp To Existing Partial			
1351	Sealant Per Tooth	\$25****	5730	Reline Complete Max or Man Denture			
1510	Space Maintainer Fixed	\$275	5740	Reline Max or Man Partial			
	•	φ213	5750	Reline Max Denture (lab)			
Restorative/Fillings			5751	Reline Mand Denture (lab)			
2330	Resin - (1) Surface Anterior	\$115	5760	Reline Max Partial (lab)			
2331	Resin - (2) Surface Anterior	\$140	5761	Reline Mand Partial (lab)			
2332	Resin - (3) Surface Anterior	\$160	5810	Interm Max Denture			
2335	Resin - (4) Surface Anterior	\$180	5811	Interm Denture - Mand \$950			

	2391	Resin - (1) Surface Posterior	\$130	5811	Interm Denture –Mand	\$950		
	2392	Resin - (2) Surface Posterior	\$165	Implant	s			
	2393	Resin - (3) Surface Posterior	\$195	6010	Implant Body	\$1600		
	2394	Resin - (4+) Surface Posterior	\$238	6056	Pre-fabricated abutment	\$700		
	Crowns			6065	Imp Porc/Ceram Crown	\$1000		
	2740	Crown Porcelain/ Ceramic	\$850	7953	Bone Replacement Graft	\$650		
	2790	Crown Full Cast Gold	\$1000	Prostho	dontics Fixed			
	****	(+) Price of Gold from Lab	****	6245	Pontic Porcelain/ceramic	\$800		
	Other So	<u>ervices</u>		6740	Abutment Fused Noble Metal	\$875		
	2920	Recement Crown	\$75	6930	Recement Bridge	\$120		
	2930	Stainless Steele Crown (Prim)	\$200	Oral Su	rgery - Extractions			
	2940	Sedative Filling	\$80	7140	Extraction, Erupted Tooth	\$110		
	2950	Core Buildup	\$150	7210	Surgical Rem Erupted Tooth	\$200		
	2954	Pre-Formed Post	\$250	7220	Rem of Imp Tooth Soft Tissue	\$250		
	2962	Labial Veneer (laboratory)	\$850	7230	Rem of Imp Tooth Par Bony	\$350		
		ntic Services		7240	Rem of Imp Tooth Comp Bony	/\$400		
	3110	Pulp Cap - Direct	\$50	7250	Surg Rem of Residual Roots	\$225		
	3120	Pulp Cap - Indirect	\$50	7960	Frenulectomy	\$225		
	3220	Therapeutic Pulpotomy	\$150	Adjunct	<u>ive Services</u>			
	3310	Root Canal (Anterior)	\$500	8070	Traditional Braces	\$4000		
	3320	Root Canal (Bicuspid)	\$600	8090	Invisalign (clear braces)	\$4500		
	3330	Root Canal (Molar)	\$800	8210	Removal of App.Therapy	\$150		
******* Root Canal retreatments are 30% increase*******					Fixed App.Therapy	\$350		
		ntic Services		9110	Palliative ER Treatment	\$75		
	4249	Crown Lengthening	\$600	9940	Occlusal Guard	\$350		
	4341	Periodontal Scaling 4+ Teeth	\$150	9942	Repair of Occlusal Guard	\$75		
	4342	Periodontal Scaling 1-3 Teeth	\$100	Cosmeti	ic			
	4355	Full Mouth Debridement	\$ 95	9999	Bleaching Trays/Kit	\$225		
	4910	Perio Maintenace	\$100		3 ,	•		
Prosthodontics Removable					* Services are covered once (1) per year.			
	E120	Immediate Denture Maxillani	¢ስደስ		` ' ' '			

\$950

\$950

\$875

\$875

\$950

\$950

\$75

\$75

\$75

\$75

\$150****

\$150**** \$150****

\$250**** \$160****

\$200****

\$250

\$250

\$350

\$350

\$350

\$350 \$950

- * Services are covered once (1) per year.
- ** Services are covered twice (2) per year.
- *** Services are covered once (1) per 5 yrs.
- ****Services are covered once (1) per 3 yrs
- *****Lab Services Fee



For more information, please visit our website @ www.friendlydentalgroup.com Or call 1-866-SMILE-USA to find you local Friendly Dental office.

SE HABLAMOS ESPANOL

Phone: 1-866-SMILE -USA Website: www.friendlydentalgroup.com