

# Bigger Savings— Better Smiles!

Professional dental care is a necessity for everyone these days, although being able to afford it has not always been within reach - **until now!** Advanced Dental Care's discount dental plan is the solution for health conscious individuals looking to maintain their oral health and minimize dental care expenses. It provides greater access to quality dental care and offers benefits usually found only in high priced insurance plans but with the added bonus of:

**NO age limit + NO deductibles + NO maximums**

**NO claim forms + NO pre-enrollment exams**

**NO prior authorization required**

**NO exclusions for pre-existing conditions**

Individual	\$ 40/yr.
Each Additional Member (Dependent* or Spouse)	\$ 25/yr.

*\* Dependents considered 18 years and younger.*

**Get the Details  
and the Benefits.  
Call 877-393-9090 Today!**



PO Box 48775  
Sarasota, FL 34230

**No Dental Benefits?  
No Problem!**  
**...with Advanced Dental Care's  
DentRite Small Business Savings**



**The Small Business  
Solution to Pricy  
Dental Insurance**



**Offered at all of our participating  
Advanced Dental Care locations  
throughout Florida**

**Call 1-877-393-9090  
for your nearest location**

**[www.adc-dentrite.com](http://www.adc-dentrite.com)**

# Healthy Smiles = Happy Employees

## A discount dental plan for small businesses



exams & diagnosis • x-rays • cleaning & oral hygiene  
 fillings & crowns • partials & dentures • extractions & oral surgery  
 root canals (endodontics) • gum disease care (periodontics) • braces (orthodontics)

### Take advantage of Advanced Dental Care's discount dental program today...

Members receive discounted services by presenting their membership card at any one of our participating providers. Members must pay participating providers directly at time of service. Members are entitled to the discounted fees listed in the adjacent column.

Advanced Dental Care's DentRite program is NOT dental insurance. It is a discount dental plan and cannot be used in conjunction with any other discount plans or insurance programs.



### It's easy to enroll today...

Enroll at a participating location, or on our website at [www.adc-dentrite.com](http://www.adc-dentrite.com), or complete the attached enrollment form (making sure to include information for any spouse or dependents) and fax it to 941-330-0758, or mail it along with your payment, to:

**ADC's DentRite • PO Box 48775 • Sarasota, FL 34230**

Within 3-6 weeks you will receive your membership package in the mail. However, you may begin using your dental discount benefits immediately at a participating location.

### DIAGNOSTIC

#### Exams

New patient exam (ADA0150)	\$10.00
Periodic exam (ADA0120)	\$10.00
Emergency exam (ADA0140)	\$10.00

#### X-rays

Intraoral first film (ADA0220)	\$10.00
Intraoral each additional (ADA0230)	\$10.00
Two bitewings (ADA0272)	\$20.00
Four bitewings (ADA0274)	\$20.00
Panoramic film (ADA0330)	\$30.00
Intraoral complete series (ADA0210)	\$30.00

### PREVENTATIVE

Topical application fluoride (ADA1203)	\$10.00
Sealants (ADA1351)	\$20.00
Adult prophylaxis (ADA1110)	\$30.00
Child prophylaxis (ADA1120)	\$30.00

All other dental services, including but not limited to, Cosmetic, Restorative and Specialty procedures\* - **20% discount**  
 Retail products or supplies - **10% discount**

\*This plan does not cover expenses incurred for: treatment by other than a dentist or member of the staff of one of our participating offices; treatment at any other location not owned by Advanced Dental Care; any treatment which, in the sole judgment of the aforementioned dentists and staff, lies outside of their scope of care; or hospitalization for any dental procedure.

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## ADVANCED DENTAL CARE'S DISCOUNT DENTAL PLAN - ENROLLMENT FORM

LAST NAME	FIRST NAME	M.I.	D.O.B.	FIRST NAME	M.I.	D.O.B.
ADDRESS				DEPENDENT'S NAME*		
CITY	STATE	ZIP	APT.	DEPENDENT'S NAME*		
HOME PHONE with area code	E-MAIL ADDRESS			DEPENDENT'S NAME*		
BUSINESS NAME	BUSINESS PHONE			FOR INTERNAL USE ONLY OSI Acct #: _____ AP Code: _____ Total Amt Collected: _____ Processed By: _____		

\* Dependents considered 18 years and younger. List additional dependents on a separate sheet of paper.

**FORM OF PAYMENT:**  Check/M.O.  Cash  Visa/MC  
**MAKE CHECKS & Money Orders PAYABLE TO: ADC's DentRite**  
 Please Do Not Mail Cash

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Applicant Signature (Parent or Guardian if under 18) \_\_\_\_\_ Date \_\_\_\_\_  
 Cardholder Signature \_\_\_\_\_

\$40 **INDIVIDUAL**  
 \$25 each **ADDITIONAL MEMBERS (SPOUSE or DEPENDENT)**

PROMOTIONAL CODE \_\_\_\_\_

I wish to apply for an Advanced Dental Care discount dental plan membership. I understand that all services under this program must be obtained at one of our participating ADC locations and further, that my co-payment will be due, in full, at the time service is rendered. I further understand that once my application has been processed, my enrollment fee is non-refundable unless I request a refund in writing within the first 60 days and have not yet received discounted services. Program does not apply to treatments previously started.

To enroll online, visit [www.adc-dentrite.com](http://www.adc-dentrite.com), or mail completed form with payment to:  
 Advanced Dental Care's DentRite Plan, PO Box 48775 Sarasota, FL 34230 or fax to: 941-330-0758