

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!** The DentRite 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!**

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



PO Box 48775
Sarasota, FL 34230



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



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

www.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 the DentRite 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.

The 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.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:

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; 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.

DENTRITE DISCOUNT DENTAL PLAN - ENROLLMENT FORM

LAST NAME	/	/	/	D.O.B.	
FIRST NAME	/	/	/	D.O.B.	
SPOUSE'S LAST NAME	/	/	/	D.O.B.	
DEPENDENT'S NAME*	/	/	/	D.O.B.	
DEPENDENT'S NAME*	/	/	/	D.O.B.	
DEPENDENT'S NAME*	/	/	/	D.O.B.	
DEPENDENT'S NAME*	/	/	/	D.O.B.	

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: DentRite
 Please Do Not Mail Cash

Credit Card Number _____ Exp. Date _____

Cardholder Signature _____

To enroll online, visit www.dentrite.com, or mail completed form with payment to:
 DentRite Plan, PO Box 48775 Sarasota, FL 34230 or fax to: 941-330-0758

Toll-free: 1-877-393-9090 • Fax: 941-330-0758 • www.dentrite.com

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