

Cost

New patient comprehensive oral evaluation,	\$200
Full mouth series x-rays, Velscope and Nutrition counseling.	
Periodontal maintenance package	\$459
Prophy package	\$269
Bleaching trays	Free
Dependant packages...	
1 dependant	\$235
2 dependants	\$210per person

Office Hours:

Alternating Monday & Wednesday	8:00am-5:00pm
Tuesday & Thursday	11:00am-7:00pm
Second Saturday of the month	9:00am-3:00pm

Theoffice@totalhealthdentalpc.com

2460 South Eola Rd. Suite H. Aurora, IL 60503

Total Health Dental Family Dental Saving's Plan

Here at Total Health Dental we believe in our patients having healthy mouths, with those beliefs we are offering families a in office Dental Savings Plan. With this dental savings plan there will be saving of 50% or more on all routine procedures and other great benefits. We want our patients to have the opportunity to get healthy and take care of themselves.



(630) 585-5600

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Periodontal Maintenance package

- 4 periodontal cleanings
(With this package for every periodontal maintenance you pay for you will receive one free three months later)
- 2 exams
- 4 bitewing xrays
(required once a year)
- Intra oral photos
- Nutrition counseling
- 2 fluoride treatments
- Velscope
(oral cancer screening)

Prophy package

- 2 cleaning
- 2 exams
- 2 fluoride treatments
- 4 bitewing xrays
(required once a year)
- Intra oral photos
- Nutrition Counseling
- Velscope oral cancer screening
- Free bleaching trays
(available for patients 16 and older)



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Your Discount Dental Plan has....

- No Deductibles
- No Claim Forms
- No Pre-Authorization Requirements
- No Pre-Existing Condition Limitations
- Immediate Eligibility (No Waiting Periods)
- No Yearly Maximum

Program Exclusions and Limitations

This plan is honored only at Total Health Dental. This discount dental plan is not an insurance plan and cannot be used at any other dental office. This discount plan can't be used in conjunction with any other insurance plan.

This program is a discount plan, not a dental insurance plan.

- Services for injuries covered under workman's compensation
- For treatment which, in the sole opinion of the treating dentist or doctor, lies outside the realm of their capability
- In conjunction with another dental plan

Program Guidelines

- You will not receive a membership card - your plan's effective date will be on file with the front office.
- Benefit coverage table is subject to revision annually
- Cannot be used in conjunction with another dental plan
- NON-REFUNDABLE (No refunds will be issued at any time if participant decides not to utilize dental plan)
- In order to get this discounted rate, the package must be paid for in full when you sign up for the plan, no installments.
- Please give a 48hour notice to cancel or change any appointment to avoid a \$50 charge.