

Sample In-Office Plans

A quick checklist to complete to determine the best option for your practice:

- Number of patients without dental coverage
- Total revenue from patients without dental coverage in the past 12 months
- Top 5 services performed at your practice
- Services commonly performed together and can be bundled

Basic Plan

Covered Procedures (per plan year)

- 2 Comprehensive or Periodic Oral Evaluation
- 1 Emergency Exam
- 1 Limited Evaluation
- 2 Prophylaxis
- 1 Radiographs

Other dental procedures – Gold (Moderate Discount)

Periodontal Plan

Covered Procedures (per plan year)

- 2 Comprehensive or Periodic Oral Evaluation
- 1 Emergency Exam
- Radiographs (as needed)
- 4 Periodontal Maintenance

Other dental procedures – Gold (Moderate Discount)

Wellness + Aesthetic Plan

Covered Procedures (per plan year)

- 2 Comprehensive or Periodic Oral Evaluation
- 1 Emergency Exam
- 2 Prophylaxis
- 1 Teeth Bleaching
- Veneers (1 per anterior tooth)

Other dental procedures – Gold (Moderate Discount)

Preventive Plan (Child)

Covered Procedures (per plan year)

- 2 Comprehensive or Periodic Oral Evaluation
- 1 Emergency Exam
- 2 Prophylaxis
- 1 Sealants
- 2 Fluoride
- 1 Radiographs

Other dental procedures – Gold (Moderate Discount)

Advanced Prophy Plan

Covered Procedures (per plan year)

- 2 Comprehensive or Periodic Oral Evaluation
- 1 Emergency Exam
- 2 Prophylaxis
- 2 Fluoride Treatments
- 2 Oral Cancer Screenings
- 2 Periodontal Screenings
- All X-Rays as Needed

Other dental procedures – Gold (Moderate Discount)

Advanced Perio Plan

Covered Procedures (per plan year)

- 2 Comprehensive or Periodic Oral Evaluation
- 1 Emergency Exam
- 4 Periodontal Maintenance
- 2 Fluoride Treatments
- 2 Oral Cancer Screenings
- 2 Periodontal Screenings
- All X-Rays as Needed

Other dental procedures – Gold (Moderate Discount)

Senior Wellness Plan

Covered Procedures (per plan year)

- Unlimited Exams
- 2 Prophylaxis
- 4 Oral Cancer Screenings
- 1 Denture Maintenance Appliance
- All X-Rays As Needed

Other dental procedures – Gold (Moderate Discount)

Preventive Plan (Adult)

Covered Procedures (per plan year)

- 2 Comprehensive or Periodic Oral Evaluation
- 1 Limited Evaluation
- 2 Prophylaxis
- 1 Fluoride
- 1 Radiographs
- Periodontal Maintenance (as needed)

Other dental procedures – Gold (Moderate Discount)

*All plan's can be customized with any available CDT code