Our Dental Savings Plan

This Savings Plan is designed to provide affordability and access to quality dental care. The benefits are available only at Dental Sanctuary

With your Membership there are:

- √ No yearly maximums
- √ No deductibles
- ✓ No claim forms
- √ No pre-authorization requirement
- √ No pre-existing condition limitations
- ✓ Immediate eligibility (no waiting periods)
- √ Free consultations

This program is a discount membership, not a dental insurance membership, and is secondary to any other dental membership. It cannot be used:

- In conjunction with another dental membership
- For services for injuries covered under workman's compensation
- For treatment which, in sole opinion of the treating dentist or doctor, lies outside the realm of their capability
- For referrals to specialists
- For hospitalization or hospital charges of any kind
- For costs of dental care which is covered under automobiled medical

About Us

At The Dental Sanctuary, we are dedicated to delivering superior dental care in an environment that is both convenient and stress-free.

With leading-edge dental technologies and amenities designed around your comfort and convenience, our goal is to help you achieve and maintain a healthy, attractive smile.

Dental Sanctuary of Fanwood

250 South Ave, Suite 103 Fanwood, New Jersey 07023

908-490-6614

www.dentalsanctuaryco.com

This Plan is only honored at Dental Sanctuary of Fanwood. It cannot be used at any other dental office.





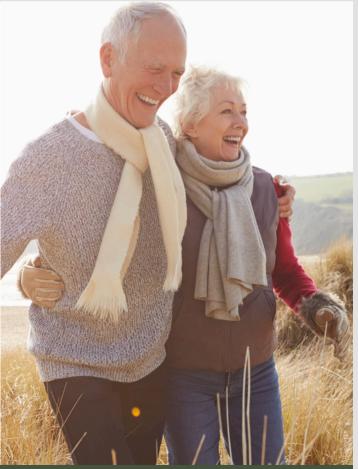
Welcoming
New Patients

BENEFIT PREMIUMS

<u>Membership</u>	<u>Total Annual Cost</u>
Single	\$399.00
Dual*	\$749.00
Family (3)**	\$1099.00
Family (4) or more.	\$299 each
	additional membe
16 years and under.	\$349.00

^{*} The Dual Membership is for Parent/Child or Husband/Wife only

[&]quot;The Family Membership includes family members and children who are enrolled full-time in college until the age of 23, or children who are not enrolled full-time in college until the age of 18



Your family's healthy smile is our #1 priority

Covered Procedures:

Diagnostic & X-rays

Comprehensive Exam (new patients, initial visit)	100%
Periodic Exam (1 per year) (child under age of 16 - 2 per year)	100%
Limited Oral Exam	100%
	100 76
Problem focused (1 per year)	
Complete Series or Panorex (1 every 3 years)	100%
Periapical, First Film	100%
Periapical, Additional Film	100%
Bitewings (1 time per year) Preventive	100%
Child Prophylaxis (cleaning) (2 per year)	100%
Adult Prophylaxis (cleaning) or Periodontal Maintenance (2 per year)	100%
Additional cleanings per year	15%
Fluoride (2 per year, no age limit, no copay)	100%
Sealants	15%

All Other Procedures

Fillings and Buildups	15%
Crown***	15%
Veneers	15%
Oral Surgery	15%
Denture & Partials	15%
Periodontal Cleanings	15%

*** For Orthodontics, member must remain a membership member for the duration of treatment to retain discount treatment benefits.

**** Senior Citizen discount, additional 5% off select items

Program Guidelines

- Cannot be used in conjunction with another dental membership
- NON-REFUNDABLE
- No refunds or premiums will be issued at any time if participant decides not to utilize membership
- Patient's portion of any bill is due when scheduling the appointment
- The membership is in effect once the premiums have been paid

How to Sign Up

Please ask one of our friendly front desk team members for an application



Bringing you better care through greater options