



## Great Reasons to Join NOW!



Get the care you need!

The longer you put off getting the care you need, the bigger the problems and more it costs. Now there is no reason to wait. With Plymouth Valley Dental Group's plan, you can afford great



Slash Cost For Your Family's Dental Care. If you have been paying full price for dental care, you will enjoy dramatic savings without sacrificing the quality and services you demand!



Save On Deductibles and Maximums!

No Deductibles!  
No Maximums!  
No Limits on Your Treatment

## Now Available An Affordable Dental Plan

# Only \$180.00 Per Year

### Includes at NO CHARGE:

**Dental Exams  
Cleanings  
Fluoride Treatments  
XRays  
Plus: Save Upto  
25%  
On All Other Dental  
Procedures!!!**

*The plan must be renewed on the anniversary date each year in order to continue coverage. This is a reduced fee dental plan, NOT INSURANCE. This plan is only valid at Plymouth Valley Dental Group. There is no compensation or payment made from this plan to either the patients or dentists. Reduced fees are based upon a discount of our normal fee schedule, and are subject to change. All procedures must be performed at Plymouth Valley Dental Group. Children are covered up to the age of eighteen as long as they reside at home and are full time students. Fluoride Treatments are provided to children up to their (16) sixteen birthday.*

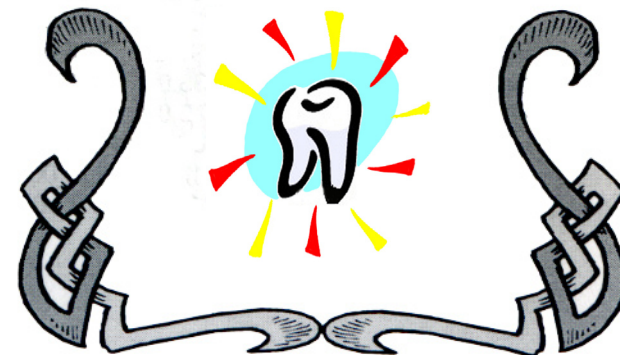
## Plymouth Valley Dental Group

**Robert L. Adelman, DMD**

*An Affordable Dental  
Program Only \$180.00  
Per Year*

**832 Germantown Pike  
Suite #1  
Plymouth Meeting PA 19462**

**Office: (610) 277-0996  
Fax: (610) 275-5075**



## The \$180.00 Plan

Treatment	Our Fees	Plan Fees
Initial Oral Exam	\$89	\$0
Periodic Exam 2/YR	\$51	\$0
XRays (Full Series) 1/5 YR	\$130	\$0
XRays (Bitewings) 1/YR	\$68	\$0
Cleaning-Child 2/YR	\$68	\$0
Cleaning-Adult 2/YR	\$90	\$0
Fluoride Treatment	\$38	\$0
Sealant/per Tooth	\$42	\$32
Scaling/per Quadrant	\$265	\$195
Recement Crown	\$109	\$84
Recement Bridge	\$170	\$134
Amalgam-1 Surface	\$137	\$98
Amalgam-2 Surface	\$172	\$125
Amalgam-3 Surface	\$212	\$150
Amalgam-4 Surface	\$240	\$175
Composite-1 Surface	\$160	\$115
Composite-2 Surface	\$193	\$142
Composite-3 Surface	\$240	\$174
Sedative Filling	\$110	\$81
Stainless Steel Crown (Primary)	\$295	\$212
Stainless Steel Crown (Perm.)	\$385	\$280
Stainless Steel Crown/Facing	\$450	\$280
Post and Core Buildup	\$365	\$245
Crown-Porc to Metal	\$1000	\$740
Inlays/Onlays-per unit	\$760	\$625
Full Denture-Upper or Lower	\$1600	\$1250
Denture Reline	\$475	\$320
Denture Repairs 25% off Regular Fees, per Repair		
Pulpotomy	\$197	\$140
Root Canal-1 Canal	\$690	\$510
Root Canal-2 Canals	\$800	\$610
Root Canal-3 Canals	\$960	\$720
Root Canal-4 Canals	\$1050	\$760
Simple Extraction	\$170	\$120
Surgical Extraction	\$285	\$200
All Other Oral Surgery Fees are Discounted 25%		
Veneers	\$990	\$690
Bleaching, In-Office	\$400	\$375

We here at **PLYMOUTH VALLEY DENTAL GROUP** care about your dental health!

We offer financing plans through Citi Healthcard, including 3,6 and 12 month no-interest plans as well as extended payment plans to fit every budget.

This plan is specially designed for individuals and families who do not have dental insurance. *All services not listed are provided at discounts up to 25% off our regular fees.* Implant services and Orthodontic treatment are not discounted. Treatment that requires a referral to a specialist is not covered under this plan.

***This plan is valid for one year from date of initial enrollment and must be renewed annually in order to continue benefits. Treatment already begun is not eligible for the plan. All fees are due and payable at the time of treatment.***

## Plymouth Valley Dental Group

### Office Plan Enrollment

**1st Family Member  
\$180.00**

**2nd Family Member  
\$170.00**

**Additional Family Members  
\$160.00 Each**

**We Accept  
Visa  
MasterCard  
DiscoverCard  
Direct Debit**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

2nd Member: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Add'l Member: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Add'l Member: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Add'l Member: \_\_\_\_\_

Date of Birth: \_\_\_\_\_