
PLAN LIMITATIONS

PROPHYLAXIS (CLEANING)

Limited to once in 6 months

FULL MOUTH X-RAYS

Once every 3 years

CROWN REPLACEMENTS

Once every 5 years

CHECK UP EXAMS - FREE

Two per year

EMERGENCY/LIMITED EXAMS

Two per year

MOST APPLIANCES

Once every 5 years

20 % OFF USUAL AND CUSTOMARY

On treatment not listed under plan
summary

All services must be performed by a
provider of AZ Dentist



480-860-6550



WHAT IS COVERED?

The plan covers services listed in the
following categories

- Diagnostic
- Preventative
- Restorative
- Periodontics*
- Oral Surgery*
- Clear Aligner Therapy
- Endodontics*

*Some procedures may be limited based on
complexity

How much does it cost?

- Individual \$50
- Couple \$100
- Family \$50 each addl.

Your entire family is eligible: spouse, children up to
age 23. Cost is per year membership.

10245 E. VIA LINDA #226
SCOTTSDALE, AZ

AzDentist

VIP PLAN



Achieving your optimum
dental health...Affordably

- Low cost
- No Deductible
- No annual maximums
- Cosmetic services
 - Reduced fees
- Covers clear aligners at a
reduced price
 - Easy to sign up

AZDENTIST.COM

SUMMARY OF

SERVICES **YOU PAY** **AVG. COST**

Diagnostic & Preventive

1st Oral Exam	\$65	\$97
Full mouth X-rays	\$110	\$155
Single X-ray	\$29	\$40
Prophylaxis	\$95	\$117
Fluoride	\$25	\$45
Check-up exam	Free	\$61
Bite-wing X-rays	\$50	\$97
3D X-ray Image	\$75	\$150

Restorative Dentistry

Front Fillings:

Composite filling 1 surf	\$170	\$182
Composite filling 2 surf	\$219	\$227
Composite filling 3 surf	\$239	\$284

Back Fillings

Composite filling 1 surf	\$182	\$189
Composite filling 2 surf	\$244	\$249
Composite filling 3 surf	\$298	\$335

All Porcelain crown	\$1100	\$1300
Crown Build up	\$225	\$256

Laser Services

NightLase Snoring Tx	\$5400	\$6250
Lip Lase (each session)	\$250	\$375
Laser Root Canal	\$100	\$175

DISCOUNTED FEES

SERVICES **YOU PAY** **AVG. COST**

Whitening

In-Office whitening	\$425	\$600
KOR whitening	\$1500	\$1850
Take home trays	\$225	\$395

Periodontal

Cleaning per quadrant	\$230	\$313
Cleaning localized	\$165	\$227
Laser per 1/2 mouth	\$50	\$150

Bridge, Partial, Denture

3-unit bridge	\$3450	\$3915
Partial	\$1420	\$1702
Denture	\$1600	\$1787

Implants

Single implant	\$1890	\$2100
Abutment	\$780	\$995
Implant Crown	\$1275	\$1595

Orthodontics

Clear aligners	\$5500	\$6500
Limited aligners	\$3500	\$4000
Retainer	\$300	\$680

Other Services

Simple extraction	\$205	\$225
Nitrous	\$55	\$109
Nightguard	\$395	\$845
Recent crown	\$95	\$143

PLAN APPLICATION

Last Name: _____
First Name: _____
Birthdate: _____
Address: _____

City: _____
State: _____ Zip: _____
Phone: _____

of Dependents on plan: _____

Name: _____

Name: _____

Name: _____

Name: _____

Signature to acknowledge plan enrollment:

X _____

Visa MC AmEx Disc Check Cash

Card # _____

Exp date _____ CVV _____

Individual \$50

Add. \$50

Total due \$ _____

X _____

Date: _____