



2326 S 3rd st, Philadelphia PA 19148  
 Ph: 215-551-9151, Fax: 215-334-5785  
<http://www.whitmandental.com>

## Whitman Dental Discount Plan

Whitman Dental Center is proud to present our own in-office discount plan, offering **amazing** discounts on average of **40-70% off** most fees. For the cost of **\$125 per year** you will receive discounts for ALL SERVICES. We are able to offer these discounts to you because unlike traditional insurance plans there is NO MAX and NO DEDUCTIBLE. So you may use your discount plan as often as you like and there is no limitation on how much you can save! Now you and your loved ones can visit the dentist twice a year which is essential for maintaining not only your oral but overall health. You can finally afford the necessary treatment for a healthy and beautiful smile!

### Circle One Option

Single Plan \$125/year

Couple Plan \$200/year

Family Plan (Up to 4 Members) \$300/year

Names of Patient/s signing up for membership:

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Whitman Dental Discount Fees		Regular Fees without Discount
• Check up and Bitewing Xrays	\$25	\$110
• Cleaning	\$55(adult) \$45 (children)	\$80
• Fluoride	\$20	\$30
• Fillings	\$ 95- \$165 (tooth colored fillings)	\$130- \$250
• Extractions	\$ 100- \$175	\$137- \$245
• Root Canals	\$450- \$700	\$670- \$983
• Crowns	\$500- \$999	\$1250
• Invisalign	\$4000	\$5500-\$7500
• Complete Dentures	\$999	\$1500
• Partials	\$800	\$1500
• Implants	\$2449 (implant, abutment, crown)	\$3600
• Veneers	\$400 - \$750	\$970
• Oral-B Powerbrush	\$100	\$120
• Nightguard	\$250	\$495

Please note that all fees are subject to change without notice. This IS NOT AN INSURANCE PLAN and **only discounts procedures in our office (Whitman Dental Center)**. We urge you to keep any Medical or HMO plans you now have as you may need it for medical expenses. This discount plan **may not be combined with any other insurance plan** (Individual/Group/DMO Policy). Since this plan is exclusive to our patients only we urge you to spread the word to your family and friends as we are always accepting new patients who may also sign up for Whitman Dental Discount Plan.

I \_\_\_\_\_, understand Whitman Dental Discount Plan is Not an Insurance Plan and is valid for this location, 2326 S 3rd St, Philadelphia, PA 19148, only. I also have been explained the discount plan thoroughly and have had all my questions answered in regard to this discount plan. I agree to signing up for this membership that lasts only 1 fiscal year and will be renewed 1 year after the effective date unless I cancel in writing. All fees are non-refundable.

Card Type

Card Number

Exp Date

CVC

Responsible Party Signature \_\_\_\_\_

Date \_\_\_\_\_



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