

Finally... an **affordable** option for those without dental insurance.



Save Up to 36% on Dental Care*

...for only \$59 per year!

NO
WAITING
PERIODS

NO
AGE LIMIT

NO
PAPERWORK
HASSLES

NO
DEDUCTIBLES

NO
ANNUAL
MAXIMUMS

NO
PRE-AUTHORIZATIONS
REQUIRED

NO
WONDERING
WHAT INSURANCE
WILL PAY TOWARDS
YOUR TREATMENT

NO
PRE-EXISTING
CONDITIONS
EXCLUDED

251 Grande Heights
Cary, NC 27513

**harrison
pointe**
DENTISTRY

www.HarrisonPointeDentistry.com
919.466.0076

COMFORTABLE AND CARING

THE AFFORDABLE DENTAL DISCOUNT PLAN™

		REGULAR FEE	YOUR COST	\$\$\$ SAVED	YOU SAVE
EXAMS & X-RAYS					
D0150	Two Office visits per year one every six months	163	Included	163	100%
D0274	X-rays - 4 bite wings / first visit	75	Included	75	100%
D0330	X-rays - Panoramic / first visit	127	Included	127	100%
	TOTAL COST:	365	59	306	84%

		REGULAR FEE	YOUR COST	\$\$\$ SAVED	YOU SAVE
PREVENTATIVE CLEANINGS					
D1110	Teeth Cleaning Adult	104	76	28	27%
D1120	Teeth Cleaning / children to age 18	76	59	17	22%
D1208	Fluoride	45	34	11	24%
D1351	Sealants	63	45	18	29%

		REGULAR FEE	YOUR COST	\$\$\$ SAVED	YOU SAVE
TOOTH REMOVAL (ORAL SURGERY)					
D7140	Uncomplicated / single tooth	214	175	39	18%
D7210	Difficult / single tooth	327	265	62	19%
D7220	Impacted Tooth / soft tissue	358	295	63	18%
D7230	Impacted Tooth / partial bony	454	345	109	24%
D7240	Impacted Tooth / completely bony	561	402	159	28%
D7250	Removal of residual tooth root totally covered by bone	353	287	66	19%
D7510	Intra-Oral incision and drainage of abscess / soft tissue	292	233	59	20%

		REGULAR FEE	YOUR COST	\$\$\$ SAVED	YOU SAVE
FILLING					
D2330	Composite filling, one surface / front tooth	214	171	43	20%
D2331	Composite filling, two surfaces / front tooth	256	205	51	20%
D2332	Composite filling, three surfaces / front tooth	316	253	63	20%
D2335	Composite filling, 4+ surfaces / front tooth	399	319	80	20%
D2391	Composite filling, one surface / back tooth	231	185	46	20%
D2392	Composite filling, two surfaces / back tooth	294	235	59	20%
D2393	Composite filling, three surfaces / back tooth	365	292	73	20%
D2394	Composite filling, 4+ surfaces / back tooth	427	342	85	20%

		REGULAR FEE	YOUR COST	\$\$\$ SAVED	YOU SAVE
NIGHT GUARD (FOR TOOTH GRINDING)					
D9944	Night guard for grinding of teeth at night	722	421	301	42%

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GUM DISEASE TREATMENT					
D4341	Gum Deep Cleaning / per quadrant	293	208	85	29%
D4355	Full Mouth Debridement	203	163	40	20%
D4910	Gum Disease cleaning & maintenance	160	128	32	20%

		REGULAR FEE	YOUR COST	\$\$\$ SAVED	YOU SAVE
ROOT CANAL TREATMENT					
D3310	Front Tooth / Anterior	932	750	182	20%
D3320	Middle Tooth / Bicuspid	1,070	855	215	20%
D3330	Back Tooth / Molar	1,302	1,045	257	20%
D2954	Post / a pin to help support the tooth after a root canal	381	305	76	20%

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CROWN (CAP)					
D2740	Crown, all porcelain/ceramic	1,397	898	499	36%
D2750	Crown, porcelain fused to high noble metal	1,403	945	458	33%
D2950	Crown build-up	339	270	69	20%
D2920	Crown recementation	150	104	46	31%

		REGULAR FEE	YOUR COST	\$\$\$ SAVED	YOU SAVE
BRIDGE (TAKES THE PLACE OF A MISSING TOOTH)					
D6211	Cast pontic, non-precious metal	1,303	906	397	30%
D6241	Porcelain, w/predominantly base metal crown pontic	1,319	906	413	31%
D6751	Porcelain/base metal abutment	1,321	922	399	30%

		REGULAR FEE	YOUR COST	\$\$\$ SAVED	YOU SAVE
DENTURE & PARTIAL					
D5110	Complete upper denture	2,253	1,870	383	17%
D5120	Complete lower denture	2,273	1,887	386	17%
D5130	Immediate upper denture	2,367	1,965	402	17%
D5140	Immediate lower denture	2,372	1,969	403	17%
D5213	Partial Denture / upper or lower	2,320	1,926	394	17%
D5820	Interim partial denture / upper	900	747	153	17%
D5821	Interim partial denture / lower	897	745	152	17%
D5410	Denture adjustment	120	100	20	17%
D5730	Denture office reline / chairside	473	393	80	17%
D5750	Denture reline / laboratory	592	491	101	17%
D5850	Special tissue conditioning, maximum 2 per denture	281	233	48	17%
D5611	Broken full denture no teeth involved	282	234	48	17%
D5520	Replace missing or broken teeth, each	249	207	42	17%

Always Welcoming New Patients & Dental Emergencies

- Initial enrollment fee is non-refundable.
- All fees are due and payable at the time services are rendered.
- Your effective date is the day you pay your \$59 annual fee.
- This is a dental discount plan and is NOT dental insurance. It cannot be combined with any other dental insurance.
- Fees paid under this in-house dental discount plan are not membership fees and all fees paid are for provided services only.
- Services referred to a specialist (whether outside or within Harrison Pointe Dentistry) are excluded and treating dentist may refer at their discretion for any procedure.
- This offer cannot be combined with any other offers.
- Discounts under this program shall not apply to any treatment started prior to enrollment or after membership expires, nor to any treatment paid in whole or part by insurance. No insurance benefits or other discount offers may be combined with this program.
- This plan does not cover expenses incurred for: treatment by other than a dentist or member of the staff of our office; treatment at any other location not owned by Harrison Pointe Dentistry, any treatment, which in the sole judgment of the aforementioned dentists and staff, lies outside of their scope of care; or hospitalization for any dental procedure.
- Dental services only, products are not included.
- Should there be dental treatment needed following any type of injury where a lawsuit and therefore outside medical, care, disability or workman's comp type insurances are involved, this discounted plan cannot be used.
- This plan is non-transferable; family members cannot be substituted for another family member.
- Any procedures not listed on the attached schedule will receive a 20% discount of the regular (Usual and Customary) fees.
- Services rendered outside of Harrison Pointe Dentistry are excluded.
- Rates and services rendered are subject to change annually.



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