

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



Save Up to 62% 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



www.parkwaydentistrydmd.com | 980-819-8981

11940 Carolina Pl Pkwy, Suite 103 | Pineville, NC 28134

Combining the Latest in Dental Technology with Personalized Care in a Relaxed Atmosphere.

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	198	Included	198	100%
D0274	X-rays - 4 bite wings / first visit	72	Included	72	100%
D0330	X-rays - Panoramic / first visit	127	Included	127	100%
	TOTAL COST:	397	59	338	85%

		REGULAR FEE	YOUR COST	\$\$\$ SAVED	YOU SAVE
PREVENTATIVE CLEANINGS					
D1110	Teeth Cleaning Adult	107	81	26	24%
D1120	Teeth Cleaning / children to age 18	79	61	18	23%
D1208	Fluoride	50	19	31	62%
D1351	Sealants	60	38	22	37%

		REGULAR FEE	YOUR COST	\$\$\$ SAVED	YOU SAVE
TOOTH REMOVAL (ORAL SURGERY)					
D7140	Uncomplicated / single tooth	201	147	54	27%
D7220	Difficult / single tooth	319	239	80	25%
D7220	Impacted Tooth / soft tissue	319	255	64	20%
D7230	Impacted Tooth / partial bony	369	310	59	16%
D7240	Impacted Tooth / completely bony	472	401	71	15%
D7250	Removal of residual tooth root totally covered by bone	340	272	68	20%
D7510	Intra-Oral incision and drainage of abscess / soft tissue	273	240	33	12%

		REGULAR FEE	YOUR COST	\$\$\$ SAVED	YOU SAVE
ROOT CANAL TREATMENT					
D3310	Front Tooth / Anterior	849	637	212	25%
D3320	Middle Tooth / Bicuspid	966	725	242	25%
D3330	Back Tooth / Molar	1,196	897	299	25%
D2954	Post / a pin to help support the tooth after a root canal	383	280	103	27%

		REGULAR FEE	YOUR COST	\$\$\$ SAVED	YOU SAVE
FILLING					
D2330	Composite filling, one surface / front tooth	182	144	38	21%
D2331	Composite filling, two surfaces / front tooth	233	184	49	21%
D2332	Composite filling, three surfaces / front tooth	267	211	56	21%
D2335	Composite filling, 4+ surfaces / front tooth	322	254	68	21%
D2391	Composite filling, one surface / back tooth	196	155	41	21%
D2392	Composite filling, two surfaces / back tooth	250	198	53	21%
D2393	Composite filling, three surfaces / back tooth	307	243	64	21%
D2394	Composite filling, 4+ surfaces / back tooth	360	284	76	21%

		REGULAR FEE	YOUR COST	\$\$\$ SAVED	YOU SAVE
GUM DISEASE TREATMENT					
D4341	Gum Deep Cleaning / per quadrant	277	188	89	32%
D4355	Full Mouth Debridement	191	134	57	30%
D4910	Gum Disease cleaning & maintenance	157	122	35	22%

		REGULAR FEE	YOUR COST	\$\$\$ SAVED	YOU SAVE
CROWN (CAP)					
D2740	Crown, all porcelain/ceramic	1,328	887	441	33%
D2750	Crown, porcelain fused to high noble metal	1,170	897	273	23%
D2950	Crown build-up	294	209	85	29%
D2920	Crown recementation	123	101	22	18%

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BRIDGE (TAKES THE PLACE OF A MISSING TOOTH)					
D6211	Cast pontic, non-precious metal	1,076	807	269	25%
D6241	Porcelain, w/predominantly base metal crown pontic	1,124	843	281	25%
D6751	Porcelain/base metal abutment	1,090	818	273	25%

		REGULAR FEE	YOUR COST	\$\$\$ SAVED	YOU SAVE
DENTURE & PARTIAL					
D5110	Complete upper denture	1,773	1,472	301	17%
D5120	Complete lower denture	1,777	1,475	302	17%
D5130	Immediate upper denture	1,920	1,594	326	17%
D5140	Immediate lower denture	1,920	1,594	326	17%
D5213	Partial Denture / upper or lower	1,403	1,164	239	17%
D5820	Interim partial denture / upper	750	623	128	17%
D5821	Interim partial denture / lower	750	623	128	17%
D5410	Denture adjustment	93	77	16	17%
D5730	Denture office reline / chairside	383	318	65	17%
D5750	Denture reline / laboratory	491	408	83	17%
D5850	Special tissue conditioning, maximum 2 per denture	217	180	37	17%
D5510	Broken full denture no teeth involved	211	175	36	17%
D5520	Replace missing or broken teeth, each	193	160	33	17%

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IMPLANT					
D6010	Surgical placement of endosteal implant	2,213	1,881	332	15%
D6056	Prefabricated abutment	876	745	131	15%
D6057	Custom abutment	1,012	860	152	15%
D6058	Implant crown, porcelain/ceramic	1,589	1,351	238	15%
D6059	Abutment supported implant crown, porcelain/high noble metal	1,623	1,380	243	15%
D6066	Implant supported crown, porcelain/high noble metal	1,701	1,446	255	15%

		REGULAR FEE	YOUR COST	\$\$\$ SAVED	YOU SAVE
NIGHT GUARD (FOR TOOTH GRINDING)					
D9940	Night guard for grinding of teeth at night	500	397	103	21%

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 Parkway Dentistry) are excluded and treating dentist may refer at their discretion for any procedure.

• 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 Parkway 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.

• This offer cannot be combined with any other offers.

• 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 be charged at customary fees.

• Services rendered outside of Parkway Dentistry are excluded.

• Rates and services rendered are subject to change annually.



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