



ISLAND SMILES DISCOUNT PLAN

GOVERNMENT RETIREES GROUP PLAN

Individual

\$5 per allotment

Couple / 2 Party

\$6 per allotment

Family

\$7 per allotment

Bi-monthly via your allotment

Dental Plan Provider

Paradise Dental, the highest rated dental clinic in the CNMI has over 75 years of collective experience. We truly believe that everyone should have access to affordable dentistry with exceptional care, using state-of-the-art technology. Call us today at (670) 234-4040 to schedule your appointment and experience the Paradise Dental difference.

- ✓ Most Affordable Discount Dental Plan in the CNMI
- ✓ Conveniently located on Middle Road in Gualo Rai, across from Chong's Refrigeration.
- ✓ Members receive at least 20-50% discounted fees for ALL dental procedures, including cosmetic dental services
- ✓ NEVER a charge for office and emergency visits, digital x-rays, exams, oral cancer screenings, periodontal exams, consultations, and second opinions
- ✓ No deductibles, no claim forms, no annual maximums
- ✓ No waiting periods - discounts are available immediately
- ✓ No cancellation fees

☎ (670) 234-4040

☎ (670) 488-1044

✉ paradisedentalsaipan@gmail.com

📍 6647 Chalan Pale Arnold
PO Box 10001
PMB 213
Saipan MP, 96950

🌐 www.paradisedentalspa.com

📘 Paradise Dental Spa

📷 @paradisedentalspa



ISLAND SMILES DISCOUNT PLAN

Sample Summary of Discounted Fees (Page 1 of 2)

The following dental services are offered at the specified fees:

Services	Full Fees	Savings	Member Pays
Diagnostic and Preventive			
Full Mouth Digital X-Rays	\$155.00	\$155.00	No Charge
Oral Examination and Diagnosis	\$104.00	\$104.00	No Charge
Office Visit & Emergency Visit	\$88.00	\$88.00	No Charge
Periodontal Evaluation	\$156.00	\$156.00	No Charge
Oral Cancer Screening	\$197.00	\$197.00	No Charge
Second Opinion	\$88.00	\$88.00	No Charge
Prophylaxis (Cleaning & Polishing) - Adult	\$106.00	\$57.00	\$49.00
Betel Nut / Smoker	\$130.00	\$50.00	\$80.00
Sealants (per tooth)	\$64.00	\$45.00	\$19.00
Restorative Dentistry (Fillings)			
Composite Restorations (Posterior Teeth)			
One Tooth Surface	\$216.00	\$141.00	\$75.00
Two Tooth Surfaces	\$253.00	\$158.00	\$95.00
Three Tooth Surfaces	\$307.00	\$187.00	\$120.00
Veneers (per tooth)	\$1,361.00	\$566.00	\$795.00
Endodontics (Root Canal)			
Single-rooted Canal Therapy	\$887.00	\$439.00	\$448.00
Bicuspid Root Canal Therapy	\$999.00	\$493.00	\$506.00
Molar Root Canal Therapy	\$1,379.00	\$755.00	\$624.00
Pulpotomy	\$253.00	\$134.00	\$119.00

*Based on the Hawaii Dental Service Fee Schedule

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Sample Summary of Discounted Fees (Page 2 of 2)

The following dental services are offered at the specified fees:

Services	Full Fees	Savings	Member Pays
Periodontics (Gum Disease)			
Perio Maintenance	\$160.00	\$85.00	\$75.00
Scaling and Root Planing (Per Quadrant)	\$300.00	\$175.00	\$125.00
Prosthodontics (Dentures & Partials)			
Complete and Immediate Denture (Each Denture)	\$2,060.00	\$1,510.00	\$550.00
Partials	\$1,608.00	\$883.00	\$725.00
Adjustments	\$105.00	\$105.00	No Charge
Office Reline - Cold Cure - Acrylic	\$442.00	\$232.00	\$210.00
Denture Reline - Labratory Processed	\$550.00	\$269.00	\$281.00
Broken Denture Repair (No Teeth Involved)	\$253.00	\$173.00	\$80.00
Replace Teeth - Complete Dentures (Each)	\$225.00	\$156.00	\$69.00
Crowns and Bridges			
Porcelain Fused to Metal Crown	\$1,245.00	\$695.00	\$550.00
All Porcelain Crown	\$1,344.00	\$564.00	\$780.00
Plastic Core / Buildup	\$319.00	\$179.00	\$140.00
Oral Surgery (Extractions)			
Extractions:			
Simple	\$209.00	\$114.00	\$95.00
Surgical	\$326.00	\$138.00	\$188.00
Impaction, Soft Tissue	\$367.00	\$147.00	\$220.00
Impaction, Partial Bony	\$456.00	\$184.00	\$272.00
Impaction, Full Bony	\$557.00	\$237.00	\$320.00

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GOVERNMENT RETIREE ENROLLMENT FORM

Last Name: _____ First Name: _____ Date of Birth: _____

Mailing Address: _____ Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____ Employer: _____

ELIGIBLE DEPENDENTS

Last Name	First Name	Middle Initial	Relationship to Subscriber	Sex	Date of Birth

RETURN THIS FORM TO PARADISE DENTAL
or email paradisedentalsaipan@gmail.com
or fax (670) 488-1044

- Individual Plan [\$5.00 per allotment]
- Couples / 2 Party Plan [\$6.00 per allotment]
- Family Plan (3 or more) [\$7.00 per allotment]

RETURN THIS FORM TO PARADISE DENTAL
 or email paradisedentalsaipan@gmail.com or fax (670) 488-1044



NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

Application AND Authorization to Commence OR Cease Allotment from Pay of Employees/Retirees

Social Security Number: / /

NAME OF ALLOTTER (<i>Last, First, Middle Initial</i>)	NAME OF ALLOTTER (<i>Last, First, Middle Initial</i>)
ADDRESS OF ALLOTTER (<i>PO Box or Number, Street, City State Zip Code</i>)	ADDRESS OF ALLOTTER (<i>PO Box or Number, Street, City State Zip Code</i>)
TYPE OF PAYMENT (<i>Check all that apply</i>) <input type="checkbox"/> Retiree <input type="checkbox"/> Surviving Child <input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Employee/Other	TYPE OF PAYMENT (<i>Check all that apply</i>) <input type="checkbox"/> Retiree <input type="checkbox"/> Surviving Child <input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Employee/Other
IF EMPLOYED, SECTION:	IF EMPLOYED, SECTION:
AMOUNT OF BI-WEEKLY ALLOTMENT (<i>Amount in Words/Figures</i>) <div style="text-align: right; color: blue;">BI-MONTHLY</div> <div style="text-align: right;">/\$</div>	AMOUNT OF BI-WEEKLY ALLOTMENT (<i>Amount in Words/Figures</i>) <div style="text-align: right; color: blue;">BI-MONTHLY</div> <div style="text-align: right;">/\$</div>
BEGIN ALLOTMENT (<i>Starting Pay Period</i>)	CEASE ALLOTMENT (<i>Starting Pay Period</i>)
NAME AND ADDRESS OF BANK/INSTITUTION FHB, GUALO RAI ABA: 121403065	NAME AND ADDRESS OF BANK/INSTITUTION
CREDIT ALLOTMENT TO ACCOUNT NUMBER: 17-090658	CEASE ALLOTMENT TO ACCOUNT NUMBER:
TYPE OF ACCOUNT (<i>Check one box</i>) <input type="checkbox"/> SAVINGS (<i>Attach copy of savings statement or passbook</i>) <input type="checkbox"/> CHECKING (<i>Attach pre-printed deposit ticket from your Checkbook</i>)	PLEASE TELL US WHY YOU ARE DISCONTINUING THIS ALLOTMENT <i>(Optional – this information can help improve our services)</i>
BANK ROUTING NUMBER:	
REQUEST AND APPROVAL TO COMMENCE ALLOTMENT <i>I HEREBY request and authorize allotment to be paid at the end of each Pay Period from my pay, as requested above and subject to approval, and to continue from the period stated until revoked by me in writing.</i>	REQUEST & APPROVAL TO CEASE ALLOTMENT <i>I HEREBY request and authorize discontinuance of previously authorized and approved allotment from my pay as indicated above.</i>
FULL SIGNATURE OF ALLOTTER / DATE	FULL SIGNATURE OF ALLOTTER / DATE
APPROVED / DATE	APPROVED / DATE



ISLAND SMILES DISCOUNT PLAN

Hafa Adai yan Tirów,

Paradise Dental, the highest-rated dental clinic in the CNMI, is thrilled to introduce the Paradise Dental Island Smiles Discount Plan. It's where affordable dentistry meets exceptional experience. Our plan is the most affordable in the CNMI.

With our Paradise Dental Island Smiles Discount Plan, you can enjoy up to 50% discounts on all our dental services. We have the newest dental technology and a team of highly experienced professionals to ensure you receive the best care possible.

For more information, visit our office, give us a call at (670) 234-4040 or check out our website at www.paradisedentalspa.com. Our team is here to help answer any questions you may have.

Join the Paradise Dental Island Smiles Discount Plan today!

Donna Krum, President