Paradise Dental

ISLAND SMILES DISCOUNT PLAN

INDIVIDUAL & FAMILY PLAN

Individual	***$104 per year***
Couple / 2 Party	***$130 per year***
Family	***$156 per year***

Non-refundable one-time administration fee of $15.

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

Paradise Dental

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	*$39.00*	**$25.00**
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	*$80.00*	**$80.00**
Scaling and Root Planing (Per Quadrant)	$300.00	*$150.00*	**$150.00**
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	*$595.00*	**$650.00**
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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INDIVIDUAL & FAMILY 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

Yearly

Individual Plan ☐ [$104.00 per year]

Couples / 2 Party Plan ☐ [$130.00 per year]

Family Plan (3 or more) ☐ [$156.00 per year]

Pricing does not include non-refundable one time administration fee of $15.

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ISLAND SMILES DISCOUNT PLAN

Credit Card Authorization Form (Page 1 of 2)

You authorize regularly scheduled charges to your credit card. You will be charged with the amount indicated below to your Credit Card each billing period. A receipt for each payment will be provided to you and the charge will appear on your Credit Card statement as Island Smiles. You agree that no prior-notification will be provided unless the date or amount changes, in which you will receive notice from us at least 10 days prior to the payment being collected.

I, _____ (Cardholder), authorize Island Smiles (Merchant) to charge my credit card on the _____ day of each _____ (month/year) for the following payment of:

Annually:

☐ Individual $104.00 ☐ Couple / 2 Party Plan $130.00 ☐ Family $156.00

+$15 One time, enrollment fee.

BILLING INFORMATION

Billing Address: _____ City, State, ZIP: _____

Phone #: _____ Email: _____

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Credit Card Authorization Form (Page 2 of 2)

CREDIT CARD INFORMATION

Card Type: ☐ Master Card ☐ Visa ☐ American Express ☐ Discover

☐ Other: _____

Cardholder Name: _____

Card Number: _____

Expiration Date: _____ (mm/yy) CVV: _____

I, _____ (the Cardholder), understand that this authorazation will remain in effect until I cancel it in writing, and I agree to notify the Merchant in writing of any changes in my account information or termination of this authorization at least fifteen (15) days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day.
I acknowledge that the origination of the Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

Cardholder Signature: _____ Date: _____

Printed Name: _____

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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

Donna Krum, President

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