

## What is the Dentixta Club?

The Dentixta Club, is a discounted dental plan that can save you thousands of dollars on dental expenses without any waiting periods or deductibles. Plan highlights include savings on routine cleaning, checkup, fillings, braces, extractions and much more.

## How do I become a member?

Becoming a member is fast and easy. All you have to do is fill out the application on the back of this brochure and give it to your friendly front desk staff.

## When does this Plan go into effect?

You can make an appointment to see the dentist immediately. Any fees that you incur during your dental visit will be based on our Dental Plan fee schedule.

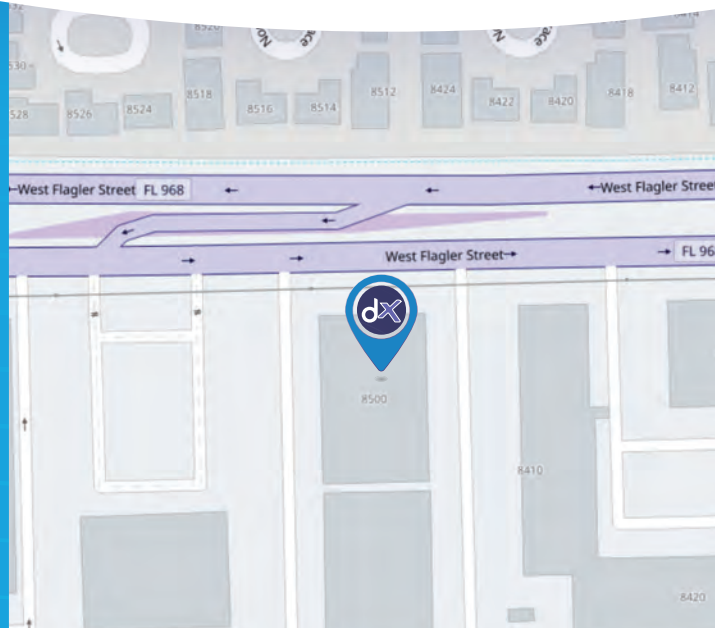


**RELAX**  
BECAUSE WE  
ARE DIFFERENT

# dentixta

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**DISCOUNT DENTAL PLANS**  
FOR OUR CLUB MEMBERS



# dentixta

BECAUSE WE ARE DIFFERENT

### DIAGNOSTIC & PREVENTATIVE

ADA CODE		FEE
D0120	Periodic Oral Evaluation	Free
D0140	Limited Oral Evaluation	Free
D0150	Comprehensive Oral Evaluation (1st Visit)	Free
D1110	Prophylaxis - Adult (1 per year)	Free
D1110	Prophylaxis - Adult (additional)	\$35
D1120	Prophylaxis - Child (1 per year)	Free
D1120	Prophylaxis - Child (additional)	\$25
D1208	Topical Application of Fluoride	\$15
D1330	Oral Hygiene Instructions	Free
D1351	Sealant - Per Tooth	\$20

### X-RAYS

D0210	Intraoral - Complete Series	Free
D0220	Intraoral - Periapical First Film	Free
00230	Intraoral - Periapical Additional Films	Free
00270	Bitewing - Single Film	Free
D0272	Bitewing - Two Films	Free
00274	Bitewing - Four Films	Free

### RESTORATIVE PROCEDURES (FILLINGS)

D2330	Resin Based Composite - One Surface Anterior	\$70
D2331	Resin Based Composite - Two Surfaces Anterior	\$80
D2332	Resin Based Composite - Three Surfaces Anterior	\$90
02335	Resin Based Composite - Four or more Surfaces Anterior	\$100
D2391	Resin Based Composite - One Surface Posterior	\$80
D2392	Resin Based Composite - Two Surfaces Posterior	\$100
02393	Resin Based Composite - Three Surfaces Posterior	\$125
02394	Resin Based Composite - Four or more Surfaces Posterior	\$135
D2740	Crown porcelain/ceramic substrate	\$825
D2750	Crown Porcelain Fused to High Noble Metal	\$750
D2751	Crown Porcelain Fused to Predominately Base Metals	\$750
D2920	Recement Crown	\$60
D2950	Core Build Up	\$110
D2954	Prefabricated Post & Core in addition to Crown	\$150

### ENDODONTICS

D3310	Root Canal Anterior	\$550
D3320	Root Canal Bicuspid	\$650
03330	Root Canal Molar	\$750

### PROSTHODONTICS

ADA CODE		FEE
D5110	Complete Denture Maxillary	\$750
D5120	Complete Denture Mandibular	\$750
D5130	Immediate Denture Maxillary	\$775
D5140	Immediate Denture Mandibular	\$775
D5211	Maxillary Partial Denture Resin Base	\$750
D5212	Mandibular Partial Denture Resin Base	\$750
D5213	Maxillary Partial Denture Cast Metal	\$850
D5214	Mandibular Partial Denture Cast Metal	\$850
D5225	Maxillary Partial Denture Flexible Base	\$900
D5226	Mandibular Partial Denture Flexible Base	\$900
D6240	Pontic Porcelain Fused to High Noble Metal	\$750
D6241	Pontic Porcelain Fused to Predominately Base Metal	\$750
D6750	Crown Porcelain Fused to High Noble Metal	\$750
D6751	Crown Fused to Predominately Base Metal	\$750
D6930	Recement Bridge	\$100

### PERIODONTICS

D4341	Periodontal Scaling and Root Planing per quadrant four or more teeth	\$120
D4342	Periodontal Scaling and Root Planing per quadrant one to three teeth	\$80
D4346	Scaling in presence of generalized moderate or severe gingival inflammation	\$175
D4355	Full Mouth Debridement	\$95

### ORAL SURGERY

D7140	Extraction Erupted Tooth or Exposed Root	\$70
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone	\$110
D7510	Incision/Drainage of Abscess Intraoral Soft Tissue	\$135

### MISCELLANEOUS SERVICES

D9433.40	In Office Whitening	\$350
D9433.41	Take Home Whitening	\$150
D9940	Occlusal Guard	\$395

\*Any procedure codes not listed will receive a 25% discount off the regular price.

### APPLICATION

First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ ST \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Work Phone Number: \_\_\_\_\_  
 Social Security: XX-XXX - \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

### MEMBERSHIP

PLAN	ANNUALLY
INDIVIDUAL	\$180
COUPLE	\$275
FAMILY (Up to 4)	\$360

### FAMILY MEMBERS

First	Last	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____

### CREDIT CARD INFORMATION

Visa  MasterCard  Discover  AMEX  
 Name of Cardholder \_\_\_\_\_  
 Card Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_

### PAYMENT AUTHORIZATION

I authorize to DentiXta Corp to bill my credit/debit card for this program. It will remain in force until I notify them in writing to cancel. Processing will be delayed on applications without a form of payment. This application, along with your receipt of our official membership card, will serve as your Membership Agreement.

Please keep the brochure portion for your records. For your convenience, you may also mail this application to the address located on the reverse of this brochure. You will receive your membership card after we process your application.

Signature \_\_\_\_\_ Date \_\_\_\_\_