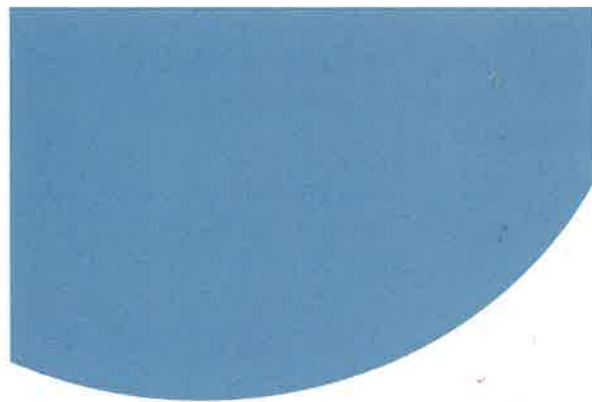




As a team of dental professionals, our mission at Rosenthal Dental Group is to provide the epitome of dental care in a relaxed and efficient environment. We make use of the latest and best treatment modalities, materials, sterilization techniques and technology in our state-of-the-art facility. Our commitment to our patients is to deliver both cutting edge dental treatment as well as excellent traditional customer service.

We understand that many of our patients do not have dental insurance. We believe our savings plan will help these patients afford the treatment they need and dental health they deserve.

Visit our website at www.savannah-dentist.com.

Schedule Your Appointment Today!
(912) 352-7808

HOURS:
Monday–Thursday: 8:00am–5:00pm
Friday: By Appointment Only



Dr. Matthew S. Rosenthal, DMD

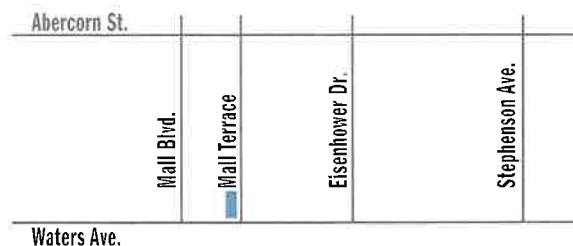
Dr. Grant Dye, DDS

1 Mall Terrace
Savannah, GA 31406

(912) 352-7808

www.savannah-dentist.com

 /rosenthaldentalgroup



No Dental Insurance?
Shopping for a Better Plan?
We Can Help!

**ROSENTHAL DENTAL
SAVINGS PLAN**



DENTAL WORK YOU CAN BE PROUD OF!



At Rosenthal Dental Group, our mission is to make a difference in the lives of our patients. We care about our patients and their long-term dental health. Our goal is to help

each patient maintain a healthy and attractive smile for a lifetime. We pledge to continue to expand our knowledge and skills through ongoing continuing education and training as we strive to deliver the highest quality dental care.

Savings Plan Features and Highlights:

- Treatment that emphasizes prevention and early detection of problems
- No yearly minimums
- No deductibles
- No claim forms
- No pre-authorization
- No pre-existing condition limitations
- Immediate eligibility
- Orthodontia (orthodontics) included

The Rosenthal Dental Savings Plan designed to:

BENEFIT PREMIUM	TOTAL ANNUAL COST
Routine Single	\$650
Additional Household Member	\$620
Periodontal Single	\$775
Additional Household Member	\$745

as low as \$58/month

You will not receive a membership card. Your plan's effective date will be on file with the front desk. Benefit Premium Table is subject to revise annually.

COVERAGE TABLE

Treatment	Member Disclosure
-----------	-------------------

DIAGNOSTIC AND X-RAYS

Comprehensive Exam (new patient, initial visit)	100%
Periodic Exam (2 per year)	100%
Limited Oral Exam Problem Focused (1 per year)	100%
Intraoral-Complete Series or Panorex (1 every 3 years)	100%
Intraoral-Periapical, First Film	100%
Intraoral-Periapical, Each Additional Film	100%
Intraoral-Occlusal Film	100%
Bitewings (1 per year)	100%

* Does not include CT image (\$250 value).

PREVENTATIVE

Child Prophylaxis (cleaning 2 per year)	100%
Adult Prophylaxis (cleaning 2 per year)	100%
Periodontal Maintenance (cleaning 4 per year)	100%
Fluoride (1 per year / no age limit)	100%
Sealants	50%
Space Maintainers	50%

* Does not include debridement and or scaling and root planning

RESTORATIVE

Cosmetic	10%
Implant / Oral Surgery	10%
Oral Surgery (limited to extractions)	20%
Crowns	20%
Periodontics	20%
Dentures and Partials	20%
Fillings	20%
Root Canals	20%
Invisalign® *** ClearCorrect ***	\$1000 off full treatment price
OSA Mandibular Advancement Device	\$800 off full treatment price

* Does not include IV sedation, nitrous, any other elective service.

*** For Invisalign® Orthodontics, member must remain a plan member for the duration of treatment to retain discount plan benefits. This discount cannot be used in conjunction with any other special offers.

PROGRAM EXCLUSIONS AND LIMITATIONS

This program is not a discount plan, not a dental insurance plan, and is secondary to any other dental plan. It cannot be used:

- In conjunction with another dental plan or insurance.
- For services for injuries covered under workman's compensation.
- For treatment which, in the opinion or judgement of the treating dentist, lies outside the realm of his or her capability.
- For referrals to specialists.
- For hospitalization or hospital charges of any kind.
- For costs of dental care which is covered under automobile medical.

This plan is only honored at Rosenthal Dental Group. This dental plan is not an insurance plan that can be used at any other dental office.

PROGRAM GUIDELINES

The 12 month membership fee is due in full upon joining.

Membership is effective the 1st of the month which payment is received.

Renewal payment is due the beginning of the same month each year.

There will be a \$50 reinstatement fee if your plan lapses.

Payments are due when services are rendered.

Cannot be used in conjunction with another dental plan.

NON-REFUNDABLE

No refunds or premiums will be issued at any time if participant decides not to utilize the dental plan.