

Dental Emergencies are costly. Save money with our affordable savings plan. Do not overpay at the dentist again.

JR Dental Plan is pleased to offer an in-office dental benefit for our patients who do not currently have dental coverage. This plan allows our patients to receive optimal dental care while saving money.

### With your JR Dental Smile Plan Enjoy:

- ✓ **No yearly maximums**
- ✓ **No deductibles**
- ✓ **No claim forms**
- ✓ **No pre-authorization requirements**
- ✓ **No pre-existing condition limitations**
- ✓ **Immediate eligibility (no waiting periods)**
- ✓ **Free consultations**

Treatment	CoPay	Reg. \$
4 Bitewing X-rays (2 per year)	No Charge	\$56
Adult Cleaning (2 per year)	No Charge	\$80
Composite 2 Surface Filling	\$136	\$160
Porcelain Crown (Cerec)	\$893	\$1050
Root Canal (anterior)	\$485	\$570
Implant (does not include any additional implant services)	\$1530	\$1800

**904.786.5850**  
[JRDentalCare.com](http://JRDentalCare.com)

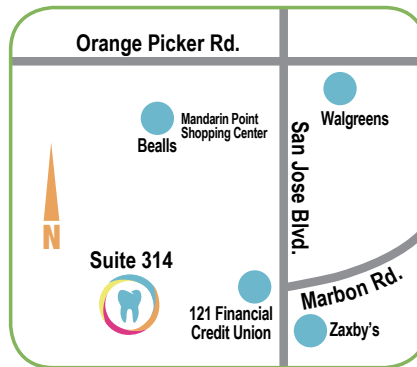
Call for Your Appointment Today!  
**904.786.5850**

### THREE LOCATIONS TO SERVE YOU

7010 Normandy Blvd. ■ 7030 Normandy Blvd.



12276 San Jose Blvd. ■ Ste 314



 **JR DENTAL**  
 General | Specialty | Dental Lab

Creating Smiles & Relationships for a Lifetime

**Walk-Ins Welcome!**

**Monday-Thursday – 7am-7pm**

**Friday – 7am-5pm**

[JRDentalCare.com](http://JRDentalCare.com)

**No Insurance?  
 No Problem!**

 **JR DENTAL**  
 General | Specialty | Dental Lab  
**SAVINGS PLAN**



**Sign Up  
 Today &  
 Start Saving  
 Immediately!**

**Never Overpay for  
 Dental Services Again!**

# Visit any of our locations & start enjoying the savings!

## JR Smile Benefit Premium Plan

(Total Annual Cost)

Single Adult .....	\$198
Single Child .....	\$158
(up to 18, or up to 26 for college students)	
Family I .....	\$300
(1 Parent + 1 dependent to age 26)	
Family II .....	\$450
(2 Parents + 2 dependents to age 26)	

*\*Additional 10% off if all family members sign up and are paid for at the same time. You will not receive a membership card. Your plan's effective date will be on file with our office.*

### Exclusions & Limitations

The 12 month membership fee is due in full upon joining. Membership fee cannot be financed through Care Credit. Membership is effective the date in which payment is received and terminates the same date the following year.

All dental benefits expire at the end of the 12 months period. No roll over benefits. Benefits are non-transferable.

Accepted payment forms for service fees are cash, check or credit card. Care credit may not be used to finance service fees. In the event of patient using Care Credit only 5% fee deduction will be applied to the usual customary fee.

Fluoride treatments are included up to age 18. Toothpaste, toothbrushes, and whitening products are not included in any membership programs and there is no fee reduction for these products.

The JR Smile Plan is not a dental insurance plan and can only be used at JR Dental locations. It is not transferable, and cannot be used with any other dental insurance coverage.

## Coverage Treatment Member Benefits

Diagnostic & X-Rays	Coverage
Comprehensive Exam (new patient, initial visit) .....	100%
Periodic Exam (2 per year).....	100%
Limited Oral Exam (problem focused (2 per year).....	100%
Complete Series or Panorex (1 every 3 years).....	100%
Periapical, First Film.....	100%
Periapical, Each Additional Film .....	100%
Bitewings (2 times per year) .....	100%

### Preventive

Child Prophylaxis (cleaning) (2 per year) .....	100%
Adult Prophylaxis (cleaning) (2 per year).....	100%
Debridement (4355).....	100%
Prophy with Gingivitis (4346) .....	100%
Perio Maintenance (4910).....	100%
Fluoride (adults and children).....	100%
Any 3rd Cleaning of the Year.....	15% Off
Sealants .....	15% Off

### All Other Procedures

Bleaching (does not include whitening trays) .....	15% Off
Fillings and core buildups .....	15% Off
Crowns .....	15% Off
Veneers .....	15% Off
Periodontics (not to be combined with JR Smile plan)...	15% Off
Dentures and Partial .....	15% Off
Oral Surgery .....	15% Off
Root Canals .....	15% Off
Implants.....	15% Off
Orthodontics (Invisalign only)* .....	\$500 Off
Other Orthodontics.....	10% Off
Any Treatment Done by the Specialist .....	10% Off

*\*For orthodontics: Member must remain a plan member for the duration of treatment to retain membership plan benefits.*

## SIGN UP TODAY!

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

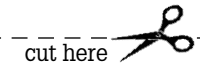
### Type of Plan

Individual  Child  Family I  Family II

Effective date: \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Call JR Dental at 904-786-5850 for any questions.**

**5% discount for renewal before expiration date.**



Dependent Names \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Payment Method

VISA  MasterCard  AMEX

Name on Card \_\_\_\_\_

Account# \_\_\_\_\_

Exp Date \_\_\_\_\_ CVC \_\_\_\_\_

### Authorization

I authorize JR Dental to charge my credit card account automatically to renew my membership each year. I understand that I may cancel my membership at any time.

Signature \_\_\_\_\_

Date \_\_\_\_\_