

Date \_\_\_\_\_

Name \_\_\_\_\_  
 Last First Initial

Address \_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_

Employer \_\_\_\_\_

Please make check payable to Robert F. Murray, DDS and mail to:  
 Robert F. Murray, DDS, 2 Mareblu Lane, Suite 100,  
 Aliso Viejo, CA 92656

Please charge my credit card annually.

Visa     Master Card     Care Credit  
 Discover     AMX    Expiration Date \_\_\_\_\_  
 Please write your card number below  
 \_\_\_\_\_

Please Print  
 Annual Fee (per person).....\$150

The following annual fees are enclosed:  
 First Family member .....\$150 .....  
 Second Family member .....\$125 .....  
 Third Family member .....Included  
 Total.....\$.....

I wish to enroll in Dentist Dental Savings Program. I understand that all necessary dental services will be provided as described in this brochure.

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

This agreement can be terminated by Robert F. Murray, DDS or the patient with a 30 day written notice. Work in progress will be completed.

**WHY CHOOSE DENTIST DENTAL SAVING PLAN "DDS"**

Over the years Dr. Murray has recognized that many of his patients without insurance tend to choose less than excellent treatment due to the lack of the financial subsidy provided by insurance. This plan was developed to assist these patients by starting off on a more equal basis when compared to those with dental insurance. As a result even those with insurance find this savings plan to be a benefit to them as well.

**Benefits OF SERVICE**

Includes:

- X-rays (as needed)    Pre-paid
- Examination    Pre-paid
- Diagnosis    Pre-paid
- Diagnostic Photos    Pre-paid
- Office Visit    Pre-paid
- Oral Hygiene
- Instructions    Pre-paid
- Cosmetic Consultation    Pre-paid

**ADVANTAGES OF DENTIST DENTAL SAVING PROGRAM**

- No annual maximum
- No deductibles
- No exclusions on pre-existing conditions
- No claims

*Highest quality of care  
 State of the art facility*

**PROVISIONS OF DENTIST DENTAL SAVING PROGRAM "DDS"**

The cost of the Dentist Dental Savings Program is essentially the same as for an initial examination with x-rays. Therefore, the program provides a 30-40% fee reduction to anyone enrolled in the program.

The DDS program is for you and is not transferable.

Benefits are provided for one year from the enrollment date.

It is up to the individual patient to; make sure they receive their appointments for cleaning and exam.

The DDS Program is not dental insurance.

This program allows you 30-40% reduction on your dental fees by prepaying for your preventive dental x-rays and exam.

Payment is due at the time treatment is rendered.

Any service not listed in this brochure is available at the usual fee.

There is a \$40 failed appointment fee charged without 24 hours cancellation notice given to the office.

**Our Mission to our patients**

We are a family practice that builds long term relationships by providing excellent service with empathy and compassion.

Bicuspid.....	900.....	600
Molar.....	1100.....	700

Non-Metal Partial Denture.....	3500.....	2000
Metal Partial Denture.....	3500.....	2500
Over denture.....	3500.....	2500
Chair side reline.....	400.....	250
Lab Reline / Repair .....	550.....	325

**Sample of fees with Dentist Dental Saving Program**

Preventive	fEE without	Fee with DDS
Intraoral exam.....	65.....	0
Full mouth X-rays .....	125.....	0
Panorex .....	85.....	0
Periodontal Evaluation .....	65.....	30
Prophylaxis Adult .....	110.....	85
Prophylaxis Child .....	95.....	65
Failed Appointment without 24 hr notice	40.....	40

**Restorative**

Preventive resin restoration.....	95.....	50
Resin fillings (primary and permanent)		
1 surface.....	300.....	175
2 surface.....	350.....	195

**Crown and Bridge**

Porcelain fused Noble Metal.....	1200.....	850
Empress / Procera all porcelain .....	1500.....	1200
Build-up.....	300.....	150
Porcelain Inlay / Onlay		
1 surface .....	850.....	700
2 surface .....	950.....	750
3 surface.....	1050.....	800

**Cosmetic**

Bleach Trays .....	300.....	250
Cosmetic Bonding (front).....	400.....	200
Porcelain veneers .....	2000.....	1500
Full Mouth veneers for qualifying candidates.....		
ask for details and a private consultation		

**Endodontics**

Therapeutic Pulpotomy.....	300.....	100
Root canals: .....front .....	750.....	500

**Periodontics**

	fEE without	Fee with DDS
Initial Perio Therapy		
W/ irrigation .....	155.....	110
Root planning (subgingival) per quadrant.....	250.....	150
Periodontal Maintenance.....	155.....	95
Antimicrobial irrigation.....	95.....	65
Antimicrobial Therapy per site .....	80.....	45
Periodontal Probing Charting.....	60.....	30
Gingivectomy per tooth.....	250.....	100
Gingivectomy per quadrant.....	650.....	500
Laser Therapy per quad .....	250.....	150
Nightguard .....	550.....	300
Snoreguard.....	1200.....	600
Sleep Apnea.....	2500.....	1200

**Oral Surgery**

Tooth removal.....	225.....	150
Tooth removal, surgical.....	575.....	225
Root removal, exposed.....	325.....	110
Antimicrobial irrigation.....	95.....	65
Implant.....	2600.....	1800
Implant Abutment.....	800.....	400
Implant Crown.....	1800.....	900
Bone graft BioOss.....	800.....	400
Bone graft per quadrant.....	1500.....	750
Biopsy soft tissue .....	200.....	150+lab

**Orthodontics**

Limited Orthodontic.....	3500-2500.....	2000-1500
Comprehensive Orthodontic.....	6000.....	4500
Invisalign .....	6500.....	5000
	Per arch.....	(2500)
Removable retainer.....	600.....	300
Overlay retainer .....	300 .....	150

**Removable Prosthodontics**

Complete Denture upper or lower.....	3500.....	2500
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Dentist Dental Saving Program  
"DDS"

"In Office Dental Saving Program"



OFFERED THROUGH THE OFFICE OF

**ROBERT F. MURRAY, D.D.S.**  
**AVEED SAMIEE, D.D.S.**  
22032 El Paseo , Suite 230  
Rancho Santa Margarita, CA 92688

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949.713.1609

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Designed exclusively for our patients