



ISLAND SMILES DISCOUNT PLAN

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, starting at just \$4.00, and you can enroll anytime throughout the year and your benefits kick in immediately.

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.

New members can drop off, email, or fax their enrollment forms to Paradise Dental using the following contact details:

Phone: (670) 234-4040

Fax: (670) 488-1044

Email: paradisedentalsaipan@gmail.com

For more information, visit our office, give us a call 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 and experience affordable dentistry with exceptional care!

Donna Krum, President

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☎ (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



ISLAND SMILES DISCOUNT PLAN

Summary of Benefits

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. Call us today at (670) 234-4040 to schedule your appointment and experience the Paradise Dental difference.

COST

Individual	\$4 per paycheck
Couple / 2 Party	\$5 per paycheck
Family	\$6 per paycheck
Bi-weekly via your paycheck	

- ✓ Most Affordable Discount Dental Plan in the CNMI
- ✓ 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



ISLAND SMILES DISCOUNT PLAN

Summary of Discount 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	\$ 45.00	\$ 19.00
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			
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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Summary of Discount Fees (Page 2 of 2)

The following dental services are offered at the specified fees:

Services	Full Fees	Savings	Member Pays
Periodontics			
Perio Maintenance	\$ 160.00	\$ 85.00	\$ 75.00
Scaling and Root Planing (Per Quadrant)	\$ 300.00	\$ 175.00	\$ 125.00
Prosthodontics			
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 - Laboratory 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	\$ 695.00	\$ 550.00
All Porcelain Crown	\$ 1,344.00	\$ 564.00	\$ 780.00
Plastic Core / Buildup	\$ 319.00	\$ 179.00	\$ 140.00
Oral Surgery			
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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ISLAND SMILES DISCOUNT PLAN 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

☐ Individual Plan [\$4.00 per paycheck]

☐ Couples / 2 Party Plan [\$5.00 per paycheck]

☐ Family Plan (3 or more) [\$6.00 per paycheck]

Payment Methods:

☐ **Payroll Deductions:** If your employer permits it, you can opt for automatic payroll deductions as a payment method.

☐ **Other payment options:** Cash, debit/credit card payments, or checks can be paid at Paradise Dental.

Please make checks payable to Island Smiles

RETURN THIS FORM TO PARADISE DENTAL

FAX: (670) 488-1044 OR EMAIL: paradisedentalsaipan@gmail.com

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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:

Monthly:

☐ Individual \$12.00 ☐ Couple / 2 Party Plan \$15.00 ☐ Family \$20.00

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: _____



ISLAND SMILES DISCOUNT PLAN

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 authorization 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: _____