



A FAMILY DENTAL CARE CENTER

2030 West Main Street
West Norriton, PA 19403
www.drsethrosen.com
610.631.3400

1008 Fayette Street
Conshohocken, PA 19428
www.drsethrosen.com
610.828.3400

Family Plan

\$229 per family member

This is a reduced fee dental plan, not insurance. This plan is only valid at A Family Dental Care Center. All procedures must be performed at A Family Dental Care Center. Those procedures that require a specialist will be subject to that specialist's fee schedule. There is no refund once the Family Plan has been purchased. This plan is good for one year from date of purchase. Please call 610.631.3400 with questions or to purchase.

Exams	Standard Fee:	Family Fee:	Crown and Bridge	Standard Fee:	Family Fee:
Initial Oral Exam	\$132	FREE	Porcelain Crown	\$2033	\$995
Periodic Oral Exam	\$99	FREE	Post and Core	\$472	\$210
Emergency Visit	\$125	\$75	Build Up	\$404	\$185
			Bridge (per unit)	\$1742	\$925
Xrays			Dentures & Partial		
Bite Wings (4)	\$75	FREE	Full Denture (each)	\$2904	\$1500
Periapical (1)	\$33	\$20	Partial-Cast (each)	\$3485	\$1800
Full Mouth Series	\$178	\$69	Immediate (each)	\$3266	\$1800
Panorex- Digital	\$196	\$69	Flipper	\$871	\$450
3D Conebeam	\$527	\$199			
Cleanings			Extractions		
Adult Prophyl 2/yr	\$152	FREE	Simple	\$321	\$179
Child Prophyl 2/yr	\$129	FREE	Surgical	\$570	\$249
Adult Fluoride	\$80	\$20			
Child Fluoride	\$80	\$20	Endodontics (Root Canal Therapy)		
Gross Debride	\$274	\$159	Anterior	\$1160	\$550
Scaling/Quadrant	\$399	\$199	Bicuspid	\$1451	\$750
Extra Adult Prophyl	\$152	\$100	Molar	\$2150	\$1100
Extra Child Prophyl	\$129	\$100			
Composite (White) Fillings-Front Teeth			Implants		
One Surface	\$245	\$149	Implant	\$3485	\$1400
Two Surface	\$303	\$189	Abutment	\$2032	\$750
Three Surface	\$318	\$219	Crown	\$3484	\$1400
Four Surface	\$450	\$259			
			Consultations		
Composite (White) Fillings-Back Teeth			Consultation	\$218	\$100
One Surface	\$245	\$149			
Two Surface	\$303	\$189			
Three Surface	\$347	\$219			
Four Surface	\$405	\$259			