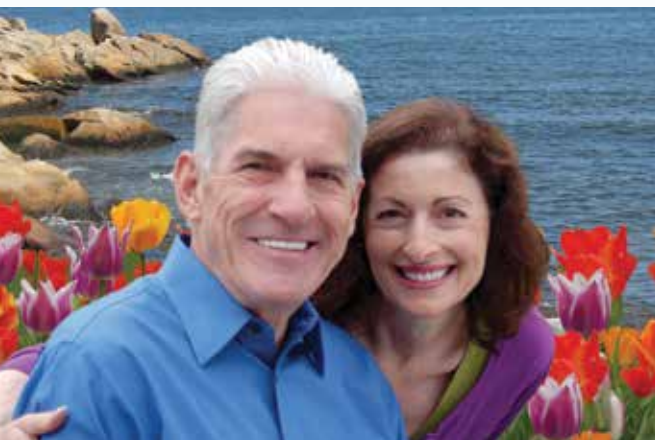


# Please List All Unmarried Children Up to Age 20

Fill out & send this form in today to start saving!

1. Child's First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Son / Daughter  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Child's First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Son / Daughter  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Child's First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Son / Daughter  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_
4. Child's First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Son / Daughter  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_
5. Child's First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Son / Daughter  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_



# Welcome to Our Office!

## Join Middleton Dental Care's In-House Premier Dental Coverage

It's a discounted fee schedule for most services, only good at Middleton Dental Care. You save on everything from cleanings & fillings to cosmetic procedures & crowns!

## Enroll Today!

- All Health Conditions Accepted!
- Cannot Be Denied Coverage!
- No Deductibles!
- No Health Questions!
- You Cannot Be Singled Out for Rate Increases or Cancellations!

### Our Affordable Coverage Includes the Following Services at No Charge:

- Comprehensive Exam  
(Once every six months)
- X-Rays  
(Once every 12 months)
- Cleaning (Prophylaxis)  
(Once every six months, twice per calendar year)
- Fluoride Treatment for Children  
(Under the age of 18, once every six months)

Visit us online at  
[MiddletonDentalCare.com](http://MiddletonDentalCare.com)

## Low-Cost Dental Coverage

As Low as  
**\$35/mo.**



We are located on 114, down the street from Richardson's Ice Cream. Call today for your appointment.



100 South Main Street, Suite 100B  
Middleton, MA 01949

We cordially invite you to call  
**978-777-8722** or **77-SMILE**

Visit us online at  
[MiddletonDentalCare.com](http://MiddletonDentalCare.com)

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As Low as  
**\$35/mo.**



# Affordable Dental Coverage

For You & Your Entire Family



We're Making Excellence in  
Dentistry Affordable for You!

As Low as \$35/mo.

# Low-Cost Individual Dental Coverage

Please Fill Out & Send This Form in Today to Begin Coverage!

Now you can join our low-cost dental coverage for a nominal membership fee. Our coverage entitles you to preventive dental care at no cost! Corrective services are available for small co-payments that are far less than the usual, customary fees. Our professional staff is qualified to care for all of your dental needs!

To enroll, simply fill out the enclosed enrollment form & return it with your check, money order or credit card information. Please make checks or money orders payable to Middleton Dental Care.



Call today for more details

978-777-8722 or 77-SMILE

Visit us online at

MiddletonDentalCare.com

- Co-payments must be paid for at the time of service.

- Any service not paid for at the time of service will be billed at usual & customary fees.

- Valid for one year from date of sign-up.



Start Your Coverage Today!

## Preventive Dental Care

Service	Co-Payment "Basic Care"	Regular Fees as High as
Examination . . . . .	No Charge . . . . .	\$113.30
X-Rays (every 12 months) . . . . .	No Charge . . . . .	\$172.01
Adult Cleaning . . . . . (every six months)	No Charge . . . . .	\$120.51
Children's Cleaning . . . . . (every six months)	No Charge . . . . .	\$92.70
Fluoride Treatment . . . . . for Children (every six months)	No Charge . . . . .	\$53.56

## Fillings

Service	Co-Payment "Basic Care"	Regular Fees as High as
1 Surface . . . . . (composite/tooth-colored)	\$171.39 . . . . .	\$214.24
2 Surfaces . . . . . (composite/tooth-colored)	\$214.24 . . . . .	\$267.80
3 Surfaces . . . . . (composite/tooth-colored)	\$258.74 . . . . .	\$323.42
4 Surfaces . . . . . (composite/tooth-colored)	\$317.24 . . . . .	\$396.55

## Cosmetic Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Cosmetic Whitening . . . . . (composite/tooth-colored)	\$325 . . . . .	\$550

## Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Soft-Tissue Management . . . . . (per quadrant)	\$278.57 . . . . .	\$348.14
Periodontal Maintenance . . . . .	\$144.20 . . . . .	\$180.25

## Orthodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Invisalign® . . . . . (financing available, as low as \$225 per month)	\$5,280 . . . . .	\$6,600
Nightguard . . . . .	\$537.25 . . . . .	\$671.56

## Crowns/Bridges

Service	Co-Payment "Basic Care"	Regular Fees as High as
Porcelain Crown . . . . . (per unit)	\$1,296.15 . . . . .	\$1,620.19
Gold Crown . . . . . (per unit)	\$1,433.76 . . . . .	\$1,792.20

## Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Cosmetic Consultation . . . . .	No Charge . . . . .	No Charge
Emergency Exam. . . . .	No Charge . . . . .	\$118.45
Sealants (per tooth) . . . . .	\$62.62 . . . . .	\$78.28

Call for more details. Prices subject to change.



First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Middle Initial \_\_\_\_\_ Female / Male  
 Home Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ S.S.# \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Spouse First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Middle Initial \_\_\_\_\_ Female / Male  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ S.S.# \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Enrollment Period \_\_\_\_\_ to \_\_\_\_\_  
 Signature (member & spouse)  
 \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_  
 MasterCard / Visa / Discover / American Express  
 Card Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_

Make check payable to Middleton Dental Care.



## Low-Cost Dental Coverage

- Individual ~ \$35/mo.\* ~ \$300/yr.
  - Individual & Spouse ~ \$53/mo.\* ~ \$500/yr.
  - Family Plan ~ \$60/mo.\* ~ \$600/yr.  
(two adults & two kids)
  - Additional Child in Family ~ \$18/mo.\* ~ \$99/yr.
- \*Monthly payment plan is available to patients providing direct deposit or credit card access.

Patients agree that Middleton Dental Care fees stated must be paid at the time services are rendered. Any service not paid for at the time of service will be billed at usual & customary fees. Plan fees are valid only when paid at the time of enrollment. All family members must reside in the same household. This is not an insurance product.