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 _____ 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!

Low-Cost Dental Coverage



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

chrisad ID# 4283 copyright © March 2016 chrisad, inc., marin co., ca all rights reserved.





ffordable Dental Coverage For You & Your Entire Family







We're Making Excellence in Dentistry Affordable for You!

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 \mathscr{C} fillings to cosmetic procedures \mathscr{C} 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

As Low as \$35/mo.

Low-Cost Individual Dental Coverage

Service

(per quadrant)

Service

Service

(per unit)

(per unit)

Service

Periodontics

Soft-Tissue Management \$278.57..... \$348.14

Periodontal Maintenance..... \$144.20..... \$180.25

Orthodontics

Invisalign[®].....\$5,280.....\$6,600

Nightguard\$537.25\$671.56

Crowns/Bridges

Porcelain Crown......\$1,296.15.....\$1,620.19

Gold Crown\$1,433.76....\$1,792.20

Other Treatments

Cosmetic Consultation.... No Charge ... No Charge

Emergency Exam. No Charge\$118.45

Sealants (per tooth) \$62.62..... \$78.28

(financing available, as low as \$225 per month)

Co-Payment

"Basic Care"

Co-Payment

"Basic Care'

Co-Payment

"Basic Care"

Co-Payment

"Basic Care"

Regular Fees

as High as

Regular Fees

as High as

Regular Fees

as High as

Regular Fees

as High as

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 \mathscr{C} returnit 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



 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!

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	0	\$53.56
F	illings	
Service	Co-Payment "Basic Care"	Regular Fees as High as
1 Surface (composite/tooth-colored)	\$171.39	\$214.24

Preventive Dental Care

Cosmetic Dentistry

(composite/tooth-colored)

Service	Co-Payment "Basic Care"	Regular Fees as High as
Cosmetic Whitening	\$325	\$550



Call for more details. Prices subject to change.

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

Last Name	
Middle Initial	Female / Male
Home Address	
City	
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.



100 South Main Street Suite 100B Middleton, MA 01949

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.