### Please List All Unmarried Children Up to Age 20

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

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	

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

- Comprehensive Exam (once every 6 months)
- Fluoride Treatment for Children (under the age of 18, once every 6 months)
- X-Rays (once every 12 months)
- Cleaning (Prophylaxis) (once every 6 months, twice per calendar year)





# **Enroll Today!**

#### Join Brooklyn Family Dental's In-House Premier Dental Coverage

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

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



580 Myrtle Avenue Brooklyn, NY 11205

718-596-5537

BrooklynFamilyDentalCare.com







# Affordable Dental Coverage

For You & Your Entire Family







We're Making Excellence in Dentistry Affordable for You!

## Low-Cost Individual Dental 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  $\mathcal{E}$  return it with your check, money order or credit card information. Please make check or money orders payable to Brooklyn Family Dental.

#### Low-Cost Dental Coverage

- Individual ~ \$299/yr. or \$24.92/mo.\*
- Additional Family Member ~ \$200/yr.\*

\*Monthly payment coverage is available to patients providing direct deposit or credit card access.



#### Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Examination	No Charge	\$125
X-Rays (every 12 months)	No Charge	\$80
Adult Cleaning (every six months)	No Charge	\$175
Children's Cleaning (every six months)	No Charge	\$125
Fluoride Treatment for Children (every six months)	_	\$75

#### Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Filling	\$316	\$395
Crown	\$1,200	\$1,500

#### Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Periodontal Maintenance . (gum treatment)	\$140	\$175

#### Orthodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Invisalign®		\$6,000
Nightguard	\$560	\$700

#### Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Cosmetic Consultation	No Charge	\$125
Cosmetic Whitening	\$540	\$675
Emergency Exam	\$52	\$100
Sealants (per tooth)	\$61	\$75

Please Inquire About Services Not Listed Here!



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

First Name	
Last Name	
Middle Initial	Female / Male
Home Address	
City	State Zip
Phone	
Email	
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
American Express / MasterC	Card / Visa
Card Number	
Expiration Date	
Make check or money o	* '



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## BrooklynFamilyDentalCare.com

Patients agree that Brooklyn Family Dental 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. Coverage 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.