

# Please List All Unmarried Children Up to Age 19

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

Low-Cost Individual Dental Coverage  
As Low as \$29.08/mo.

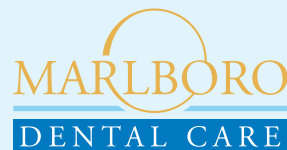
## Enroll Today!

Join Marlboro Dental Care  
In-House Premier Dental Coverage

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



Our office is conveniently located in the Marlboro Medical Building, across from Kelleher Field & two blocks from Marlboro Hospital.

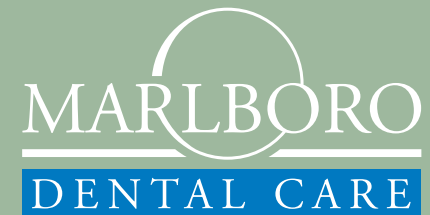


MarlboroDental.com

As Low as  
\$29.08/mo.

# 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 & return it with your check, money order or credit card information. Please make check or money orders payable to Marlboro Dental Care.

## Low-Cost Dental Coverage Plans

- Individual ~ \$349/yr.
- Individual & Spouse ~ \$549/yr.
- Family Plan ~ \$749/yr. (two adults & two kids)
- Additional Child in Family ~ \$150/yr.



## Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Examination . . . . .	No Charge . . . . .	\$60
X-Rays (every 12 months) . . . . .	No Charge . . . . .	\$90
Cleaning (Prophylaxis) . . . . . (every six months)	No Charge . . . . .	\$120
Fluoride Treatment . . . . . for Children (every six months)	No Charge . . . . .	\$55
Panoramic X-Ray . . . . .	No Charge . . . . .	\$130

## Gum Treatment

Service	Co-Payment "Basic Care"	Regular Fees as High as
Scaling & Root Planing . . . . . (per quadrant)	\$220 . . . . .	\$275

## Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
1 Surface Filling . . . . . (composite/tooth-colored)	\$152 . . . . .	\$190
2 Surfaces Filling . . . . . (composite/tooth-colored)	\$188 . . . . .	\$235
3 Surfaces Filling . . . . . (composite/tooth-colored)	\$220 . . . . .	\$275
Porcelain Crown . . . . . (per unit)	\$1,280 . . . . .	\$1,600

## Root Canals

Service	Co-Payment "Basic Care"	Regular Fees as High as
Front Tooth . . . . .	\$640 . . . . .	\$850
Bicuspid . . . . .	\$720 . . . . .	\$1,000

## Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Emergency Exam . . . . . (limit two per year)	No Charge . . . . .	\$95
Sealants (per tooth) . . . . .	\$60 . . . . .	\$75
Occlusal Guard . . . . .	\$320 . . . . .	\$400
Complete Denture (per arch) . . . . .	\$1,360 . . . . .	\$1,700
Extractions . . . . .	\$160/\$300 . . . . .	\$200/\$375

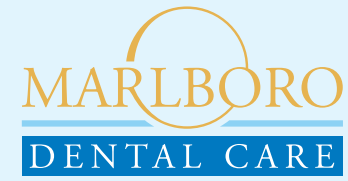
Please Inquire About Services Not Listed Here!



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 / Discover / MasterCard / Visa  
 Card Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_

Make check payable to **Marlboro Dental Care**



65 Fremont Street, Marlboro, MA 01752  
 We cordially invite you to call  
**508-460-8426**  
 MarlboroDental.com

Patients agree that Marlboro 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. 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.