

Complete This Form to Begin Coverage Today

Please List All Children You Wish to Enroll:

First Name _____

Last Name _____

Middle Initial _____ Son / Daughter

Date of Birth _____

First Name _____

Last Name _____

Middle Initial _____ Son / Daughter

Date of Birth _____

First Name _____

Last Name _____

Middle Initial _____ Son / Daughter

Date of Birth _____

First Name _____

Last Name _____

Middle Initial _____ Son / Daughter

Date of Birth _____

No Deductibles, Ever



Low-Cost Dental Coverage Premiums for Less Than \$1/day No Deductibles, Ever

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

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

Cleanings Brighten Your Smile & Help Prevent Disease!

Heart Disease • Strokes • Worsening Asthma
Worsening Diabetes • Pregnancy Complications
Alzheimer's • Dementia


Sources: National Institute of Health, NYU, University of
Pennsylvania Dental School, Journal of Alzheimer's Disease, Penn Medicine,
British Dental Journal & Many More.

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

978-777-8722 or 978-77-SMILE
MiddletonDentalCare.com

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Easy & Affordable Dental Coverage

Premiums for Less Than \$1/day



- No Deductibles, Ever
- All Health Conditions Accepted
- No Health Questions or Hassles



Affordable Dental Coverage for the Whole Family!

No Deductibles, Ever

Now you can join our low-cost dental coverage for a nominal membership premium. 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 form & return it with your check, money order or credit card information. Please make your check or money order payable to Middleton Dental Care.

Low-Cost Dental Coverage

- Individual ~ \$300/yr.
- Individual & Spouse ~ \$500/yr.
- Family Plan ~ \$800/yr.
(two adults & two kids)
- Additional Child in Family ~ \$200/yr.

Call for more details. Prices subject to change.

Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Examination.....	No Charge	\$150
X-Rays (every 12 months).....	No Charge	\$200
Adult Cleaning..... (every six months)	No Charge	\$141
Children's Cleaning..... (every six months)	No Charge	\$126
Fluoride Treatment..... for Children (every six months)	No Charge	\$65

Fillings (composite/tooth-colored)

Service	Co-Payment "Basic Care"	Regular Fees as High as
1 Surface.....	\$224	\$280
2 Surfaces.....	\$286	\$358
3 Surfaces.....	\$340	\$425
4 Surfaces.....	\$389	\$486

Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Soft-Tissue Management..... (per quadrant)	\$279	\$395
Periodontal Maintenance.....	\$145	\$203

Braces

Service	Co-Payment "Basic Care"	Regular Fees as High as
Invisalign®..... (financing available)	\$6,500	\$6,900
Nightguard.....	\$582	\$727

Crowns/Bridges

Service	Co-Payment "Basic Care"	Regular Fees as High as
Porcelain Crown..... (per unit)	\$1,480	\$1,850
Gold Crown..... (per unit)	\$1,520	\$1,900

Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Cosmetic Consultation.....	No Charge	No Charge
Emergency Exam.....	\$60	\$150
Sealants (per tooth).....	\$63	\$97

Please Inquire About Services
Not Listed Here!



Complete This Form to Begin Coverage Today!

First Name _____
 Last Name _____
 Middle Initial _____ Female / Male
 Home Address _____

 City _____ State _____ Zip _____
 Phone _____
 Email _____
 Date of Birth ____/____/____
 Spouse's First Name _____
 Last Name _____
 Middle Initial _____ Female / Male
 Date of Birth ____/____/____
 Enrollment Period _____ to _____
 Signature (member & spouse)
 _____ Date _____
 _____ Date _____
 American Express / Discover / Mastercard / Visa
 Card Number _____
 Expiration Date _____

Make your check or money order payable to
Middleton Dental Care.



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Patients agree that Middleton Dental Care co-payments 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 premiums 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. Membership renews annually on the day & month of initial enrollment. Membership renews automatically unless member formally requests otherwise in advance.