

# Please List All Unmarried Children Up to Age 20

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

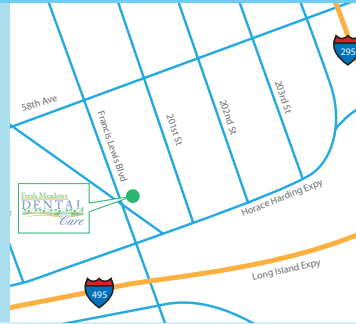
1. Child's First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Son / Daughter  
Date of Birth \_\_\_\_\_
2. Child's First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Son / Daughter  
Date of Birth \_\_\_\_\_
3. Child's First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Son / Daughter  
Date of Birth \_\_\_\_\_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

## Low-Cost Dental Coverage As Low as \$19.99/mo.

We are located on the corner of Francis Lewis Boulevard & Horace Harding Expressway, across from the Blue Bay Diner.



## Enroll Today!

### Join Fresh Meadows Dental Care's In-House Premier Dental Coverage

It's a discounted fee schedule for most services, only good at Fresh Meadows Dental Care. 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!



58-47 Francis Lewis Boulevard, Suite 100  
Bayside, NY 11364  
718-224-7272

[www.FreshMeadowsDental.com](http://www.FreshMeadowsDental.com)



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As Low as  
**\$19.99/mo.**

## Affordable Dental Coverage For You & Your Entire Family



We're Making Excellence in  
Dentistry Affordable for You!

# Low-Cost 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 Fresh Meadows Dental Care.

## Low-Cost Dental Coverage

- Individual ~ \$19.99/mo.\*
- Individual & Spouse ~ \$28.99/mo.\*
- Family Plan ~ \$37.99/mo.\*  
(individual & up to 3 family members)
- Additional Child in Family ~ \$7.99/mo.\*

\*Monthly payment plan 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 . . . . .	\$50
X-Rays (every 12 months) . . . . .	No Charge . . . . .	\$110
4 Bitewing X-Rays . . . . .	No Charge . . . . .	\$65 (every 12 months)
Adult Cleaning . . . . .	No Charge . . . . .	\$85 (every six months)
Children's Cleaning . . . . .	No Charge . . . . .	\$65 (every six months)
Fluoride Treatment . . . . .	No Charge . . . . .	\$45 for Children (every six months)

Please Inquire About  
Services Not Listed Here!

## Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
1 Surface Filling . . . . .	\$100 . . . . .	\$125
2 Surface Filling . . . . .	\$120 . . . . .	\$150
3 Surface Filling . . . . .	\$200 . . . . .	\$250
4 Surface Filling . . . . .	\$280 . . . . .	\$350
Crown . . . . .	\$780 . . . . .	\$975
Crown Build-up . . . . .	\$104 . . . . .	\$130
Root Canal (Anterior) . . . . .	\$464 . . . . .	\$580
Root Canal (Molar) . . . . .	\$660 . . . . .	\$825
Denture (Top or Bottom) . . . . .	\$960 . . . . .	\$1,200

## Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Soft Tissue Maintenance . . . . .	\$144 . . . . .	\$180 (per quadrant)
Periodontal Maintenance . . . . .	\$96 . . . . .	\$120

## Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Cosmetic Consultation . . . . .	No Charge . . . . .	\$50
Cosmetic Whitening . . . . .	\$240 . . . . .	\$300 (per arch)
Emergency Exam . . . . .	\$40 . . . . .	\$50
Sealants (per tooth) . . . . .	\$32 . . . . .	\$40
Nightguard . . . . .	\$360 . . . . .	\$450
Deep Sedation . . . . .	\$200 . . . . .	\$250
Conscious Sedation (non-IV) . . . . .	\$60 . . . . .	\$75

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 **Fresh Meadows Dental Care.**



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 Bayside, NY 11364

718-224-7272

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Patients agree that Fresh Meadows 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.