

Please List All Unmarried
Children Up to Age 20

Affordable Individual Dental Plan
As Low as \$399/yr

As Low as
\$399/yr

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

1. Child's First Name _____
Date of Birth _____ Son / Daughter

2. Child's First Name _____
Date of Birth _____ Son / Daughter

3. Child's First Name _____
Date of Birth _____ Son / Daughter

4. Child's First Name _____
Date of Birth _____ Son / Daughter

Our Affordable Dental Plan
Includes the Following Services
at No Additional Cost:

- Dental Exam (once every 6 months, or twice per calendar year)
- Bitewing X-rays (once every 12 months)
- Dental Cleaning/Prophylaxis (once every six months, or twice per calendar year)

Plan can not be combined with any other dental insurance.
Plan expires one year from date of purchase.

Two convenient
locations to
serve you.

Advanced Dental - Berlin
39 Webster Square Rd
Berlin, CT 06037

Advanced Dental - Cromwell
26 Shunpike Rd, Ste A
Cromwell, CT 06416

Affordable Dental Plan

For You & Your Entire Family

Enroll Today! Join Advanced Dental's Affordable Dental Plan

For patients without dental insurance, enjoy reduced fees for most services, only good at Advanced Dental. You save on everything from cleanings & fillings to cosmetic dental treatment & crowns!

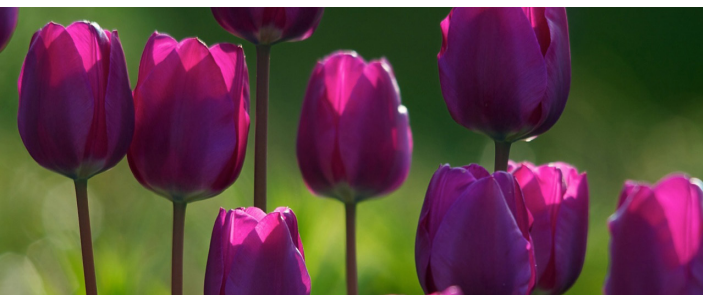
- All Health Conditions Accepted!
- You Cannot Be Denied Coverage!
- No Deductibles!
- Perfect for the Entire Family!



We're Making
Excellence in
Dentistry
Affordable
for You!

We cordially invite you to call
(860) 828-3933
AdvancedDental.com

copyright © 2015 Advanced Dental of New England LLC, Berlin, CT all rights reserved



Affordable Individual Dental Coverage

Now you can enjoy reduced fees with our affordable dental plan for a nominal membership fee. Our plan allows you to enjoy one year of routine preventive dental care at no additional cost! Additional dental services are available for lower co-payments that are significantly less than the usual & customary fees. Our entire dental team is qualified to care for all of your dental needs!

Affordable Dental Plan

- Individual - \$399/yr**
- Individual & Spouse - \$549/yr**
- Family Plan - \$849/yr** (two adults & two kids)
- Additional Child in Family - \$150/yr**

**Periodontal patients will be assessed an additional fee.

Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees Up to
Dental Exam (2 per year)	No Charge	\$71
Bitewing X-rays (every 12 months)	No Charge	\$94
Adult Cleaning (every 6 months)	No Charge	\$139
Children's Cleaning (every 6 months)	No Charge	\$103
Fluoride Treatment (for Children every 6 months)	No Charge	\$55

Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees Up to
Filling (one surface)	\$176.80	\$208
Filling (two surfaces)	\$295.80	\$348
Filling (three surfaces)	\$426.70	\$502
Filling (four surfaces)	\$556.75	\$655
Crown (Porcelain or Gold)	\$1450.95	\$1707

Orthodontics

Service	Co-Payment "Basic Care"	Regular Fees Up to
Traditional Braces (financing available as low as \$99/mo)	\$5481.65	\$6449
Invisalign or ClearCorrect® (financing available as low as \$99/mo)	\$5481.65	\$6449
6 Month Smiles® (financing available as low as \$79/mo)	\$3994.15	\$4699

Other Treatment

Service	Co-Payment "Basic Care"	Regular Fees Up to
Cosmetic Consultation	No Charge	\$120
In-office GLO® Whitening	\$399	\$599
Emergency Exam & X-rays	\$99	\$121
Sealants (per tooth)	\$59	\$75
Periodontal Maintenance	\$175.95	\$207

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 ____/____/____ SS# ____/____/____
 Spouse First Name _____
 Last Name _____
 Middle Initial _____ Female / Male
 Date of Birth ____/____/____ SS# ____/____/____
 Enrollment Period _____ to _____
 Signature (member & spouse)
 _____ Date _____
 _____ Date _____
 Master Card / Visa / American Express / Discover
 Card Number _____
 Expiration Date _____
 Security Code _____

Make check payable to **Advanced Dental**



We cordially invite you to call

(860) 828-3933

AdvancedDental.com

Please Inquire About
Services Not Listed Here!



Patients agree that Advanced 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. Plan fees are valid only when paid at the time of enrollment. This plan may not be utilized with any special financing, or in combination with dental insurance or any other discounts and/or coupons. All family members must reside in the same household. This is not an insurance product.