

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, twice per calendar year)

Low-Cost Individual Dental Coverage  
As Low as \$20.75/mo.

Our office is conveniently located next to Giant Supermarket at the Village at Lee Airpark.



## Enroll Today!

### Join Strong Smiles Dental Care In-House Premier Dental Coverage

It's a discounted fee schedule for most services, only good at Strong Smiles 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!



**STRONG SMILES**  
— DENTAL CARE —

15 Lee Airpark Drive, Suite 100, Edgewater, MD 21037

We cordially invite you to call  
**(410) 956-4608**

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



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As Low as  
**\$20.75/mo.**

# Affordable Dental Coverage

For You & Your Entire Family



**STRONG SMILES**  
— DENTAL CARE —



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 Strong Smiles Dental Care.

## Low-Cost Dental Coverage

- Individual ~ \$20.75/mo.\*
- Each Additional Family Member ~ \$12.50/mo.\*

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

## Please Inquire About Services Not Listed Here!

## Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Examination . . . . .	No Charge . . . . .	\$100
X-Rays (every 12 months) . . . . .	No Charge . . . . .	\$74
Adult Cleaning . . . . .	No Charge . . . . .	\$100 (every six months)
Children's Cleaning . . . . .	No Charge . . . . .	\$80 (every six months)
Fluoride Treatment . . . . .	No Charge . . . . .	\$35 for Children (every six months)

## Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
1 Surface Filling . . . . .	\$153 . . . . .	\$180
2 Surface Fillings . . . . .	\$221 . . . . .	\$260
3 Surface Fillings . . . . .	\$297.50 . . . . .	\$350
4 Surface Fillings . . . . .	\$357 . . . . .	\$420
Crown . . . . .	\$1,105 . . . . .	\$1,300

## Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Periodontal Scaling & . . . . .	\$340 . . . . .	\$400
Root Planing (per quadrant)		

## Orthodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Invisalign® . . . . .	\$3,600 . . . . .	\$4,500 (financing available as low as \$199/mo.)
Nightguard . . . . .	\$382.50 . . . . .	\$450

## Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Cosmetic Consultation . . . . .	No Charge . . . . .	\$95
Cosmetic Whitening . . . . .	\$239 . . . . .	\$299
Emergency Exam . . . . .	\$20 . . . . .	\$75
Sealants (per tooth) . . . . .	\$51 . . . . .	\$60
Oral Sedation . . . . .	\$850 . . . . .	\$1,000
Veneer (per tooth) . . . . .	\$1,105 . . . . .	\$1,300

## 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 **Strong Smiles Dental Care**



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Patients agree that Strong Smiles 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.

0% Financing Available



Buy Smart With Financing **CareCredit**

Subject to credit approval. Minimum monthly payment required.

See CareCredit™ provider for details.