

Complete This Form to Begin Coverage Today

Please List All Children You Wish to Enroll

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 _____

Your Safety Is Our Top Priority

We have improved our already extremely rigid sterilization standards in order to virtually eliminate the possibility of disease transmission to both staff & patients in our office.



**CENTERS
FOR DISEASE
CONTROL AND
PREVENTION**

- The Most Advanced Antiseptic Procedures to Meet or Exceed Strict CDC Guidelines
- Heat-Sterilized Instruments & Filtered Water Lines
- Continual Disinfection of Our Office
- Knowledgeable Staff Who Care Deeply About Community Health

Low-Cost Dental Coverage

Premiums for Less Than \$1/day

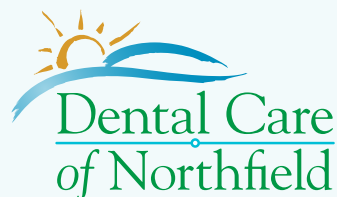
Enroll Today!

Join Dental Care of Northfield In-House Premium Dental Coverage

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

Healthy Gums Improve Your Overall Health

Research has linked gum disease to health problems like diabetes, heart disease, dementia & respiratory infection. Regular dental cleanings can help you stay healthy & increase your lifespan. Call today for your dental cleaning.



446 North Central Avenue, Suite 200
Northfield, IL 60093

847-446-4330

Northfield.Dental

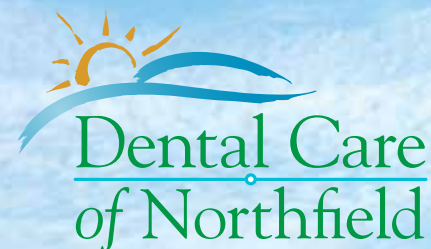
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Easy & Affordable Dental Coverage

Premiums for Less Than \$1/day



Further
Heightened
Sterilization
Standards!



- All Health Conditions Accepted
- No Deductibles or Maximums
- No Health Questions or Hassles

Affordable Dental Coverage for the Whole Family!

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 your check or money order payable to Dental Care of Northfield.

Low-Cost Dental Coverage

- Individual Premium ~ \$18/mo.*
- Individual & Spouse Premium ~ \$33/mo.*
- Family Plan Premium ~ \$44/mo.*
(two adults & two kids)
- Additional Child in Family Premium ~ \$11/mo.*

*Billed Annually.

Please Inquire About Services Not Listed Here!



Easy Online Booking Available!
Northfield.Dental

Preventive Dentistry

Dental Services	Co-payment
Examination	No Charge
X-Rays (every 36 months)	No Charge
Bitewing X-Rays (every 12 months)	No Charge
Adult Cleaning (every 6 months)	No Charge
Children's Cleaning (every 6 months)	No Charge
Fluoride Treatment for Children (every 6 months)	No Charge

Restorative Dentistry

Dental Services	Co-payment
Filling (1-Surface)	\$212
Filling (2-Surface)	\$268
Filling (3-Surface)	\$334
Filling (4-Surface)	\$394
Crown	\$1,227
Crown Build-up	\$311
Root Canal (Anterior)	\$939
Root Canal (Molar)	\$1,211
Denture (Top)	\$2,046
Denture (Bottom)	\$2,046

Periodontics

Dental Services	Co-payment
Periodontal Maintenance (gum treatment)	\$158
Soft Tissue Management (per quadrant)	\$296

Other Treatments

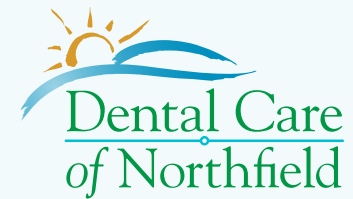
Dental Services	Co-payment
Emergency Exam	\$91
X-Ray with Emergency Exam	\$35
Sealants (per tooth)	\$66
Preventive Resin	\$125
Cosmetic Whitening	\$364
Cosmetic Consultation	\$146
Nightguard	\$635

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 Date ____/____/____
 Signature (member & spouse)
 _____ Date _____
 _____ Date _____
 American Express / Discover / Mastercard / Visa
 Card Number _____
 Expiration Date _____

Make your check or money order payable to
Dental Care of Northfield.



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Patients agree that Dental Care of Northfield 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.