

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 Dental Care of Northfield's In-House Premier Dental Coverage

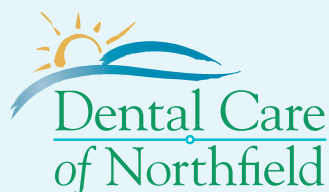
- All Health Conditions Accepted
- No Maximums
- You Cannot Be Denied Coverage
- No Health Questions
- You Cannot Be Singled Out for Rate Increases or Cancellations!

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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446 North Central Avenue, Suite 200
Northfield, IL 60093

847-446-4330

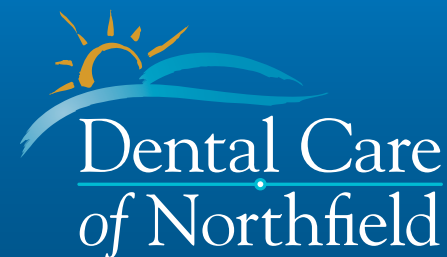
Northfield.Dental  

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 payable to Dental Care of Northfield.

Low-Cost Dental Coverage

- Individual Premium ~ \$240/yr.
- Individual & Spouse Premium ~ \$430/yr.
- Family Plan Premium (2 adults & 2 kids) ~ \$570/yr.
- Additional Child in Family Premium ~ \$140/yr.

Preventive Dentistry

Dental Services	Co-payment
-----------------	------------

Examination.....	No Charge
Adult Cleaning (twice per year).....	No Charge
Kid's Cleaning (twice per year).....	No Charge
X-Rays (every 12 months).....	No Charge
Kid's Fluoride Treatment (twice per year).....	No Charge
Preventive Resin	\$137

Braces

Dental Services	Co-payment
-----------------	------------

Traditional Braces	Starting from \$2,500
Invisalign®	Starting from \$2,500
Braces Consultation	No Charge

Restorative Dentistry

Dental Services	Co-payment
-----------------	------------

Filling (one surface)	\$232
Filling (two surface)	\$293
Filling (three surface).....	\$365
Filling (four surface).....	\$430
Crown	\$1,333
Crown Buildup.....	\$340
Root Canal (anterior)	\$1,025
Root Canal (molar)	\$1,323
Dentures (top or bottom)	\$2,234
Periodontal Maintenance.....	\$173
Soft Tissue Maintenance	\$323

Other Treatments

Dental Services	Co-payment
-----------------	------------

Sealants (per tooth)	\$72
Nightguard	\$601
Cosmetic Whitening	\$419
Cosmetic Consultation.....	No Charge
Emergency Exam	\$100
Emergency & X-Rays.....	\$38

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 _____

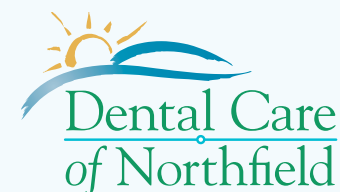
_____ Date _____

American Express / Discover / Mastercard / Visa

Card Number _____

Expiration Date _____

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



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Northfield.Dental  

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.