

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.

We are conveniently located a few doors down from Connecticut Muffin & Citibank between Myrtle & Willoughby avenues.



Enroll Today!

Join Brooklyn Family Dental's In-House Premier Dental Coverage

It's a discounted fee schedule for most services, only good at Brooklyn Family Dental. 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!



186 Clinton Avenue
Brooklyn, NY 11205

We cordially invite you to call
(718) 596-5537

BrooklynFamilyDentalCare.com



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As Low as
\$20.75/mo.

Affordable Dental Coverage

For You & Your Entire Family



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 Brooklyn Family Dental.

Low-Cost Dental Coverage

- Individual ~ \$249/yr.*
- Additional Family Member ~ \$150/yr.*

*Monthly payment coverage 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	\$65
X-Rays (every 12 months)	No Charge	\$80
Adult Cleaning (every six months)	No Charge	\$175
Children's Cleaning (every six months)	No Charge	\$125
Fluoride Treatment for Children (every six months)	No Charge	\$45

Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Filling	\$316	\$395
Crown	\$1,120	\$1,400

Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Periodontal Maintenance (gum treatment)	\$120	\$150

Orthodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Invisalign® (financing available as low as \$199/mo.)	\$4,400	\$5,500
Nightguard	\$560	\$700

Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Cosmetic Consultation	No Charge	\$95
Cosmetic Whitening	\$399	\$550
Emergency Exam	\$52	\$65
Sealants (per tooth)	\$61	\$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 / MasterCard / Visa
 Card Number _____
 Expiration Date _____

Make check payable to **Brooklyn Family Dental**



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Patients agree that Brooklyn Family 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. 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.

Please Inquire About Services Not Listed Here!

