

# 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 \_\_\_\_\_

## Our Affordable Coverage Includes These Services at No Charge:

- Cleaning (Prophylaxis) (once every 6 months)
- Comprehensive Exam (once every 6 months)
- Fluoride Treatment for Children (under the age of 18, once every 6 months)
- X-Rays (once every 12 months)



# Low-Cost Dental Coverage

## Enroll Today!

### Join Dentistry Revolution's In-House Premium Dental Coverage

- All Health Conditions Accepted
- You Cannot Be Denied Coverage
- No Deductibles or Maximums
- 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.



1591 Yanceyville Street, Suite 200 B, Greensboro, NC 27405

# 336-272-6235

DentistryRevolution.com

# Affordable Dental Coverage



- All Health Conditions Accepted
- No Deductibles or Maximums

# Affordable Dental Coverage for the Whole Family!

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 enrollment form & return it with your check, money order or credit card information. Please make your check or money order payable to Dentistry Revolution.

## Low-Cost Dental Coverage

- Individual Premium ~ \$350/yr.
- Individual & Spouse Premium ~ \$590/yr.
- Family Plan Premium ~ \$1,072/yr. (2 adults & 2 kids)
- Additional Child in Family Premium ~ \$236/mo. (up to age 13)

## Preventive Dentistry

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

|  |           |
|--|-----------|
| Examination.....                               | No Charge |
| Adult Cleaning (twice per year).....           | No Charge |
| Kids' Cleaning (twice per year).....           | No Charge |
| X-Rays (every 12 months).....                  | No Charge |
| Kids' Fluoride Treatment (twice per year)..... | No Charge |

Please Inquire About Services Not Listed Here!

## Restorative Dentistry

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

|                              |             |
|------------------------------|-------------|
| Filling.....                 | \$160-\$300 |
| Crown.....                   | \$975       |
| Root Canal (incisor).....    | \$750       |
| (premolar).....              | \$900       |
| (molar).....                 | \$1,050     |
| Denture (top or bottom)..... | \$1,300     |

## Other Treatments

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

|                            |           |
|----------------------------|-----------|
| Sealants (per tooth).....  | \$60      |
| Nightguard.....            | \$570     |
| Cosmetic Whitening.....    | \$224     |
| Cosmetic Consultation..... | No Charge |
| Emergency Exam.....        | No Charge |



# 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 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 Dentistry Revolution.



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Patients agree that Dentistry Revolution 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.