# Please List All Children You Wish to Enroll

1. Child's First Name _____
   Last Name _____ Son / Daughter
   Date of Birth _____
2. Child's First Name _____
   Last Name _____ Son / Daughter
   Date of Birth _____
3. Child's First Name _____
   Last Name _____ Son / Daughter
   Date of Birth _____
4. Child's First Name _____
   Last Name _____ Son / Daughter
   Date of Birth _____

## Low-Cost Dental Coverage

As Low as $320/yr.

We are located across the street from the Poquoson post office & next to Playtime.

# Enroll Today!

Join Taylor Dental Care's In-House Premier Dental Coverage

- All Health Conditions Accepted!
- No Insurance Hassle!
- No Deductibles or Annual Limits!
- Savings on All Procedures!
- Available for the Entire Family!

TAYLOR DENTAL CARE

534 Wythe Creek Road, Suite A
Poquoson, VA 23662

757-868-9334

www.TaylorDentalCare.net

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# Affordable Dental Coverage

For You & Your Entire Family

TAYLOR DENTAL CARE

# Affordable Dental Coverage for the Whole Family!

Complete This Form to Begin Coverage Today!

Now you can join our low-cost dental coverage for a minimal membership fee. Our coverage provides you preventive dental care at little to no cost & corrective services at a reduced rate. Our professional staff are qualified to care for all of your dental needs & are here for you!

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 Taylor Dental Care.

## Low-Cost Dental Coverage

- Adult ~ $320/yr.*
- Child ~ $260/yr.*

*Monthly payment plan is available through CareCredit®**.

**Subject to credit approval. Minimum monthly payment required. See CareCredit℠ provider for details.

## Our Affordable Coverage Includes the Following Services at No Charge:

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

## Please Inquire About Services Not Listed Here!

## Preventive Dentistry

| Service | Co-Payment "Basic Care" | Regular Fees as High as |
|---|---|---|
| Examination | No Charge | $64 |
| Bitewing X-Rays (every 12 months) | No Charge | $75 |
| Adult Cleaning (every 6 months) | No Charge | $112 |
| Children's Cleaning (every 6 months) | No Charge | $82 |
| Fluoride Treatment for Children (every 6 months) | No Charge | $44 |

## Restorative Dentistry

| Service | Co-Payment "Basic Care" | Regular Fees as High as |
|---|---|---|
| Fillings | $160-$320 | $188-$376 |
| Crown | $1,075 | $1,264 |
| Root Canal (Anterior or Molar) | $751-$1,064 | $883-$1,252 |
| Denture (Top or Bottom) | $1,542 | $1,814 |
| Implant | $1,762 | $2,073 |
| Implant Tooth | $1,622 | $1,909 |

## Orthodontics

| Service | Co-Payment "Basic Care" | Regular Fees as High as |
|---|---|---|
| Invisalign® (financing available as low as $199/mo.) | $4,798 | $5,644 |

First Name _____

Last Name _____

Date of Birth ____/____/____ Female / Male

Home Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Spouse Name _____

Date of Birth ____/____/____ Female / Male

American Express / Discover / MasterCard / Visa

Card Number _____

Expiration Date _____

Total Amount _____

Signature

_____ Date _____

☐ Make your check or money order payable to **Taylor Dental Care.**


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**Patients agree that Taylor 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. Membership renews annually on the day & month of initial enrollment. Membership renews automatically unless member formally requests otherwise in advance.**