

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)

Low-Cost Dental Coverage

As Low as \$394/yr.



Our office is located on Exchange Street, just west of Route 7.

Enroll Today!

Join Middlebury Dental Group's In-House Premier Dental Coverage

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



Middlebury
DENTAL GROUP

1330 Exchange Street, Suite 107
Middlebury, VT 05753

802-388-3553

MiddleburyDentalVT.com



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As Low as
\$394/yr.

Affordable Dental Coverage For You & Your Entire Family



Middlebury
DENTAL GROUP



We're Making Excellence in
Dentistry Affordable for You!

Low-Cost 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 Middlebury Dental Group.

Low-Cost Dental Coverage

- Individual ~ \$394/yr.*
- Individual & Spouse ~ \$775/yr.*
- Additional Child in Family ~ \$250/yr.*

*Monthly payment plan is available to patients providing direct deposit or credit card access.

We Gladly Accept CareCreditSM



Subject to credit approval. Minimum monthly payment required. See CareCreditSM provider for details. Reduced discount with CareCreditSM

Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Examination	No Charge	\$80
X-Rays (every 12 months)	No Charge	\$133
4 Bitewing X-Rays (every 12 months)	No Charge	\$69
Adult Cleaning (every six months)	No Charge	\$98
Children's Cleaning (every six months)	No Charge	\$72
Fluoride Treatment for Children (every six months)	No Charge	\$44

Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
1 Surface Fillings	\$152	\$189
2 Surface Fillings	\$195	\$243
3 Surface Fillings	\$246	\$307
4 Surface Fillings	\$300	\$375
Crown	\$953	\$1,191
Crown Build-up	\$220	\$274
Root Canal-Anterior	\$635	\$793
Root Canal-Molar	\$908	\$1,134
Denture-Top	\$1,839	\$2,298
Denture-Bottom	\$1,839	\$2,298

Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Soft Tissue Management (per quadrant)	\$231	\$288
Periodontal Maintenance (gum treatment)	\$130* (First 2 FREE)	\$162

Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Emergency Exam	\$62	\$77
Sealants (per tooth)	\$40	\$50
Cosmetic Whitening	\$120	\$150

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 / Discover / MasterCard / Visa

Card Number _____
 Expiration Date _____

Make check or money order payable to:
Middlebury Dental Group.



1330 Exchange Street, Suite 107, Middlebury, VT 05753

802-388-3553

Read Our Testimonials Online!

MiddleburyDentalVT.com

Patients agree that Middlebury Dental Group 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.