

# Please List All Unmarried Children Up to Age 21

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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## Welcome to Our Office!

### Join Parsippany Dental Care's In-House Premier Dental Plan

It's a discounted fee schedule for most services, only good at Parsippany Dental Care. You save on everything from cleanings & fillings to cosmetic procedures & crowns!

## Enroll Today!

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

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

- Comprehensive Exam  
(Once every six months)
- X-Rays  
(Once every 12 months)
- Cleaning (Prophylaxis)  
(Once every six months, twice per calendar year)
- Fluoride Treatment for Children  
(Under the age of 18, once every six months)

Visit us online at  
[www.ParsippanyDental.com](http://www.ParsippanyDental.com)

## Low-Cost Individual Dental Plan



We are conveniently located across from the Par-Troy Hills Fire Department. Call today for your appointment & more details.



39 Littleton Road  
Parsippany, NJ 07054

We cordially invite you to call  
**(973) 334-3811**

Visit us online at  
[www.ParsippanyDental.com](http://www.ParsippanyDental.com)



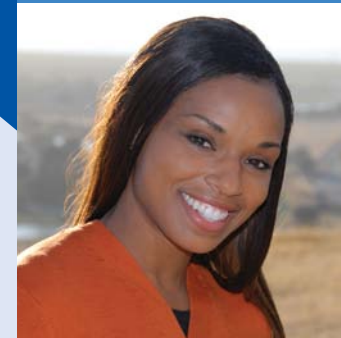
ID# 1606 copyright © April 2011 chrisad, inc., marin co., ca all rights reserved.



As Low as  
**\$21/mo.**

# Affordable Dental Coverage

For You & Your Entire Family



We're Making Excellence in  
Dentistry Affordable for You!

As Low as \$21/mo.

# Low-Cost Dental Coverage

Please Fill Out & Send This Form in Today to Begin Coverage!

Now you can join our low-cost dental plan for a nominal membership fee. Our plan 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 checks or money orders payable to Parsippany Dental Care.



Call today for more details:

(973) 334-3811

Visit us online at

www.ParsippanyDental.com

- Co-payments must be paid at the time of service.
- Any service not paid for at the time of service will be billed at usual & customary fees.
- Valid for one year from date of sign-up.

Enroll Today to Start Your Coverage!

Affordable Coverage You Can Trust!

## Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Examination . . . . .	No Charge	\$89
X-Rays (every 12 months) . . . . .	No Charge	\$135
Adult Cleaning . . . . . (every six months)	No Charge	\$98
Children's Cleaning . . . . . (every six months)	No Charge	\$70
Fluoride Treatment . . . . . for Children (every six months)	No Charge	\$27

## Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Fillings: 1 Surface . . . . . (composite/tooth-colored)	\$156	\$195
Fillings: 2 Surfaces . . . . . (composite/tooth-colored)	\$204	\$255
Fillings: 3 Surfaces . . . . . (composite/tooth-colored)	\$244	\$305
Crowns/Bridges/Fixed . . . . . (all porcelain/per unit)	\$1,160	\$1,450
Crowns/Bridges/Fixed . . . . . (all porcelain/gold/per unit)	\$1,080	\$1,350
Crowns/Bridges/Fixed . . . . . (all high-alloy yellow gold/per unit)	\$1,320	\$1,650
Dental Implant . . . . .	\$1,400	\$1,750
Dental Implant Crown . . . . .	\$1,320	\$1,650
Dentures . . . . . (full premiere)	\$1,276	\$1,595
Dentures . . . . . (partial premiere)	\$1,276	\$1,595

## Periodontics ~ Specialist on Staff

Service	Co-Payment "Basic Care"	Regular Fees as High as
Soft-Tissue Management . . . . . (per quadrant)	\$180	\$225
Periodontal Maintenance . . . . .	\$108	\$135

## Orthodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Invisalign® . . . . . (financing available)	\$4,480	\$5,600
Brux/Nightguard . . . . .	\$495	\$650

## Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Cosmetic Consultation . . . . .	No Charge	\$95
Cosmetic Whitening . . . . . (two-hour treatment)	\$400	\$650
Emergency Exam . . . . .	\$76	\$95
Sealants (per tooth) . . . . .	\$68	\$85

Oral or IV Sedation Available  
We Have Our Own Dental Lab on the Premises (the Only Such Office in Morris County!)

First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Middle Initial \_\_\_\_\_ Female / Male  
 Home Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 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 \_\_\_\_\_  
 MasterCard / Visa / Discover / American Express  
 Card Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_

Make check payable to Parsippany Dental Care.



## Low-Cost Dental Plans Available

- Individual - \$252/yr.\*
- Individual & Spouse - \$429/yr.\*
- Family Plan - \$549/yr.\* (two adults & two kids)
- Single Parent & Child - \$395/yr.\*
- Additional Child in Family - \$125/yr.\*

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

Patients agree that Parsippany 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. Plan 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.