

Complete This Form to Begin Coverage Today

Please List All Children You Wish to Enroll:

First Name _____

Last Name _____

Middle Initial _____ Son / Daughter

Date of Birth _____

First Name _____

Last Name _____

Middle Initial _____ Son / Daughter

Date of Birth _____

First Name _____

Last Name _____

Middle Initial _____ Son / Daughter

Date of Birth _____

First Name _____

Last Name _____

Middle Initial _____ Son / Daughter

Date of Birth _____

No Deductibles, Ever!



Low-Cost Dental Coverage

Premiums for Less Than \$1 /day
No Deductibles, Ever!

Join Smoketown Family Dentistry's In-House Premier Dental Coverage

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

Cleanings Brighten Your Smile & Help Prevent Disease!

Heart Disease • Strokes • Worsening Asthma
Worsening Diabetes • Pregnancy Complications
Alzheimer's • Dementia

Sources: National Institute of Health, NYU, University of Pennsylvania Dental School,
Journal of Alzheimer's Disease, Penn Medicine, British Dental Journal & Many More.

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P.O. Box 369
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SmoketownDental.com

chrisad

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Easy & Affordable Dental Coverage

Premiums for Less Than \$1 /day



- No Deductibles, Ever!
- All Health Conditions Accepted
- No Health Questions or Hassles



Affordable Dental Coverage for the Whole Family!

No Deductibles, Ever!

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

Low-Cost Dental Coverage

- Individual Premium ~ \$199/yr.
- Individual & Spouse Premium ~ \$348/yr.
- Each Child Premium ~ \$125/yr.

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

Orthodontics

Dental Services	Co-payment
Braces Consultation	No Charge

Restorative Dentistry

Dental Services	Co-payment*
Filling.....	\$208
Crown.....	\$1,295
Root Canal.....	\$954

Other Treatments

Dental Services	Co-payment*
Sealants (per tooth)	\$66
Nightguard	\$569
Cosmetic Whitening (per arch)	\$209
Cosmetic Consultation.....	No Charge
Fluoride Treatment	\$34
Tooth Extraction	\$199

Payments start as low as listed price.*

Please Inquire About Services
Not Listed Here!



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's First Name _____
Last Name _____
Middle Initial _____ Female / Male
Date of Birth ____/____/____
Enrollment Period _____ to _____
Signature (member & spouse) _____ Date _____

American Express / Discover / Mastercard / Visa
Card Number _____
Expiration Date _____

☐ Make your check or money order payable to
Smoketown Family Dentistry.



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SmoketownDental.com

Patients agree that Smoketown Family Dentistry's 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.