

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 \$240/yr.

Our office is located two blocks east of the Points West Shopping Mall, at the intersection of Torrey Street, Winnifred Road, & Belmont Street.



ENROLL TODAY!

Join Bill Vagenas D.M.D.'s In-House Premier Dental Coverage

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

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



5 Torrey Street, Brockton, MA 02301
(508) 586-4276
www.VagenasDental.com



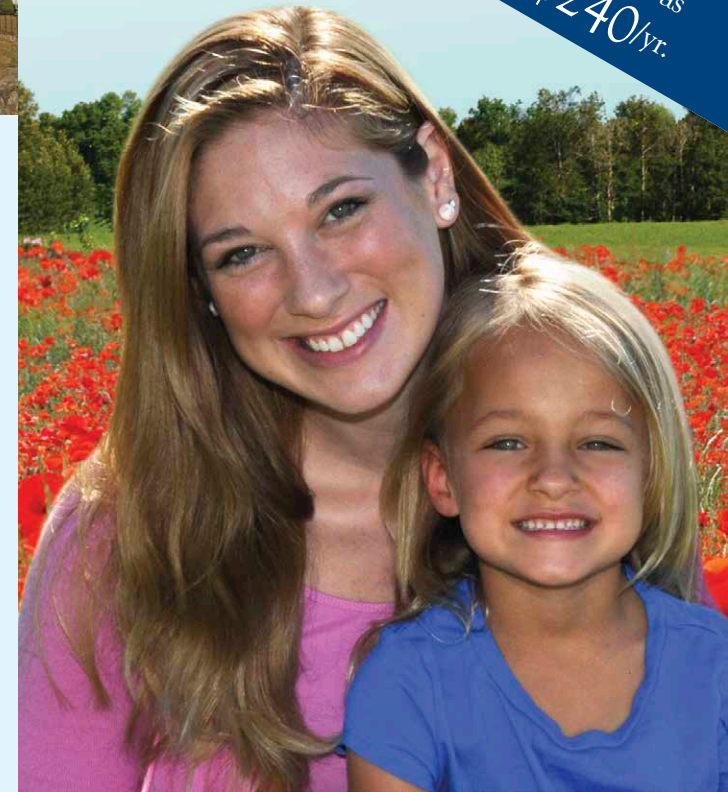
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AFFORDABLE DENTAL COVERAGE

For You & Your Entire Family

As Low as \$240/yr.



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 Bill Vagenas D.M.D.

Low-Cost Dental Coverage

- Individual ~ \$240/yr.
- Individual & Spouse ~ \$432/yr.
- Child ~ \$204/yr.



Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Examination	No Charge	\$53
X-Rays (every 12 months)	No Charge	\$156
Adult Cleaning (every six months)	No Charge	\$104
Children's Cleaning (every six months)	No Charge	\$75
Fluoride Treatment for Children (every six months)	No Charge	\$42

Please Inquire About
Services Not Listed Here!

Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
1 Surface Filling	\$182	\$215
2 Surface Filling	\$247	\$291
3 Surface Filling	\$311	\$366
4 Surface Filling	\$365	\$429
Crown	\$1,273	\$1,498
Crown Build-Up	\$325	\$382
Root Canal (anterior)	\$1,055	\$1,242
Root Canal (molar)	\$1,270	\$1,493
Denture (top)	\$1,602	\$1,885
Denture (bottom)	\$1,602	\$1,885

Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Periodontal Maintenance	\$147	\$173
Soft Tissue Management (per quadrant)	\$264	\$311

Orthodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Invisalign® (financing available.)	\$4,908	\$5,775
Nightguard	\$468	\$551

Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
ZOOM®! Cosmetic Whitening	\$425	\$772
Cosmetic Whitening Trays	\$298	\$350
Emergency Exam	\$72	\$85
Sealants (per tooth)	\$56	\$66

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 _____

MasterCard / Visa
 Card Number _____
 Expiration Date _____

Make check payable to **Bill Vagenas D.M.D.**



5 Torrey Street, Brockton, MA 02301
 (508) 586-4276
 www.VagenasDental.com

Patients agree that Bill Vagenas D.M.D. 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. Not to be combined with other discounts or incentives.