

Complete This Form to Begin Coverage Today

Please List All Children You Wish to Enroll

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 _____

Our Affordable Coverage Includes the Following Services at No Charge:

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



Low-Cost Dental Coverage Less Than \$1/day

We are at the corner of East Burrell Drive & Indiana Avenue (Route 55), a half block east of Crown Point High School.



Enroll Today! Join Crown Point Dental Care'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!



698 East Burrell Drive, Crown Point, IN 46307

219-662-7668

CrownPointDentalCare.com

Affordable Dental Coverage

Less Than \$1/day



We're Making Excellence in Dentistry Affordable for You!

Affordable Dental Coverage for the Whole Family!

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 your check or money order payable to Crown Point Dental Care.

Low-Cost Dental Coverage

- Individual ~ \$24.99/mo.
- Individual & Spouse ~ \$37.50/mo.
- Additional Child in Family ~ \$10.99/mo.

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

Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Examination.....	No Charge.....	\$135
X-Rays (every 12 months)....	No Charge.....	\$185
Adult Cleaning.....	No Charge.....	\$130 (every six months)
Children's Cleaning.....	No Charge.....	\$95 (every six months)
Fluoride Treatment	No Charge.....	\$55 for Children (every six months)

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Now Available!

Call today for more details!

15% Off Any Service Not Listed Here!

Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Crown	\$1,318	\$1,550
Crown Buildup.....	\$336	\$395
Root Canal.....	\$1,228	\$1,445
Dentures	\$2,125	\$2,500
Implant Crown.....	\$2,397	\$2,820
1-Surface Filling	\$221	\$260
2-Surface Filling	\$289	\$340
3-Surface Filling	\$345	\$405
4-Surface Filling	\$404	\$475

Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Soft Tissue Management.....	\$311	\$365 (per quadrant)
Periodontal Maintenance.....	\$170	\$200 (gum treatment)

Orthodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Nightguard	\$723	\$850

Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Cosmetic Consultation....	No Charge.....	\$95
Cosmetic Whitening	\$195	\$550
Emergency Exam	\$102	\$120
Sealants (per tooth)	\$68	\$80

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 First Name _____

Last Name _____

Middle Initial _____ Female / Male

Date of Birth ____/____/____

Enrollment Period _____ to _____

Signature (member & spouse) _____

_____ Date _____

_____ Date _____

American Express / Discover / Mastercard / Visa

Card Number _____

Expiration Date _____

Make your check or money order payable to
Crown Point Dental Care.



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Patients agree that Crown Point 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.