

Complete This Form to Begin Coverage Today

Please List All Unmarried Children Up to Age 20

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 _____

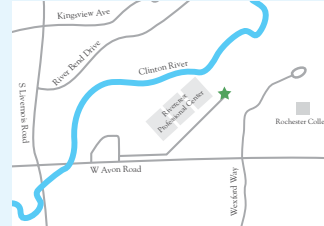
Our Affordable Coverage Includes the Following Services at No Charge:

- Comprehensive Exam (once every 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 \$29/mo.

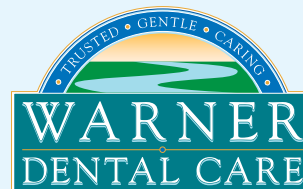


We are located on West Avon Road, in the Rivercrest Professional Center, next to Rivercrest Banquet.

Enroll Today!

Join Warner 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!



930 West Avon Road, Suite 14
Rochester Hills, MI 48307

248-656-8800

RochesterHillsSmiles.com

Affordable Dental Coverage For You & Your Entire Family

As Low as \$29/mo.



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 check or money order payable to Thomas P. Warner, DDS, PC.

Low-Cost Dental Coverage

- Individual ~ \$29/mo.*
- Individual & Spouse ~ \$41/mo.*
- Additional Child in Family ~ \$15/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	\$73
X-Rays (every 12 months)	No Charge	\$139
4 Bitewing X-Rays	No Charge	\$64
Adult Cleaning (every six months)	No Charge	\$87
Children's Cleaning (every six months)	No Charge	\$63
Fluoride Treatment for Children (every six months)	No Charge	\$39

Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Soft Tissue Management (per quadrant)	\$224	\$249
Periodontal Maintenance (gum treatment)	\$143	\$159

Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
1-Surface Filling	\$145	\$161
2-Surface Filling	\$199	\$221
Crown	\$1,014	\$1,377
Crown Buildup	\$294	\$327
Root Canal Therapy (anterior)	\$861	\$957
Root Canal Therapy (molar)	\$1,221	\$1,357

Orthodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Traditional Braces	\$4,000	\$6,000
Invisalign®	\$4,000	\$6,000
Nightguard	\$771	\$857

Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Emergency Exam	\$63	\$70
Sealants (per tooth)	\$42	\$47

Please Inquire About Services
Not Listed Here!

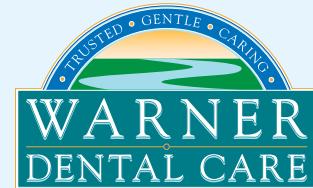


Complete This Form to Begin Coverage Today!

First Name _____
 Last Name _____
 Middle Initial _____ Female / Male
 Home Address _____

 City _____ State _____ Zip _____
 Phone _____
 Email _____
 Date of Birth ____/____/____ 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
Thomas P. Warner, DDS, PC.



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Patients agree that Warner 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.