

# 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 six months)
- X-Rays  
(once every 12 months)
- Cleaning (Prophylaxis)  
(once every six months)



Low-Cost Dental Coverage  
As Low as \$229/yr.

We are located on  
State Street between  
Wilson & Coolidge avenues.



## Enroll Today!

### Join Saginaw Dental Excellence'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!



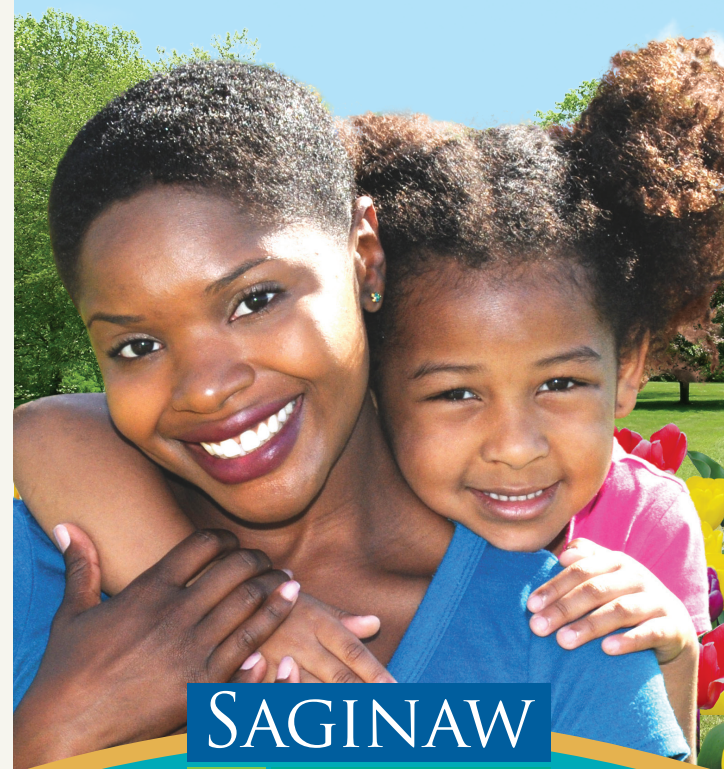
4291 State Street, Saginaw, MI 48603  
989-793-0899

[SaginawDentalExcellence.com](http://SaginawDentalExcellence.com)

# Affordable Dental Coverage

For You & Your Entire Family

As Low as \$229/yr.



We're Making Excellence in  
Dentistry Affordable for You!

# A Better Kind of Dental Practice 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 Saginaw Dental Excellence.

## Low-Cost Dental Coverage

- Individual ~ \$229/yr.
- Individual & Spouse ~ \$379/yr.
- Family Plan ~ \$509/yr. (two adults & two kids)
- Additional Child in Family ~ \$159/yr.

## Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Examination . . . . .	No Charge . . . . .	\$45
X-Rays (every 12 months) . . . . .	No Charge . . . . .	\$50
Adult Cleaning . . . . . (every six months)	No Charge . . . . .	\$75
Children's Cleaning . . . . . (every six months)	No Charge . . . . .	\$55

## Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Soft-Tissue Management . . . . . (per quadrant)	\$150 . . . . .	\$208
Periodontal Maintenance . . . . .	\$110 . . . . .	\$145
Nightguard . . . . .	\$360 . . . . .	\$593

## Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
1 Surface Filling . . . . . (composite tooth-colored)	\$140 . . . . .	\$190
2 Surface Fillings . . . . . (composite tooth-colored)	\$160 . . . . .	\$205
3 Surface Fillings . . . . . (composite tooth-colored)	\$180 . . . . .	\$255
4 Surface Fillings . . . . . (composite tooth-colored)	\$200 . . . . .	\$305

## Crowns/Bridges

Service	Co-Payment "Basic Care"	Regular Fees as High as
Gold Crown or Porcelain Fused . . . . . to Precious Metal Crown (per unit)	\$780 . . . . .	\$1,000

## Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Cosmetic Whitening . . . . .	\$225 . . . . .	\$400
Sealants (per tooth) . . . . .	\$20 . . . . .	\$40
Emergency Exam . . . . .	\$40 . . . . .	\$62
Fluoride Treatment . . . . .	\$25 . . . . .	\$35
10% Off Root Canal Treatment, Full-Mouth X-Rays & Extractions		

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 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 check or money order payable to  
Saginaw Dental Excellence.



4291 State Street, Saginaw, MI 48603

We are located on State Street between Wilson & Coolidge avenues.

989-793-0899

SaginawDentalExcellence.com

Patients agree that Saginaw Dental Excellence 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.