

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)
- Cosmetic Consultation
- Cleaning (Prophylaxis) (once every six months)



Low-Cost Dental Coverage As Low as \$25/mo.



We are located at the corner of 16 Mile & Garfield roads, on the second floor of Flagstar Bank.

Enroll Today! Join Aragona Dentistry's In-House Premier Dental Coverage

It's a discounted fee schedule for most services, only good at Aragona Dentistry. 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!



37020 Garfield Road, Suite T4, Clinton Township, MI 48036

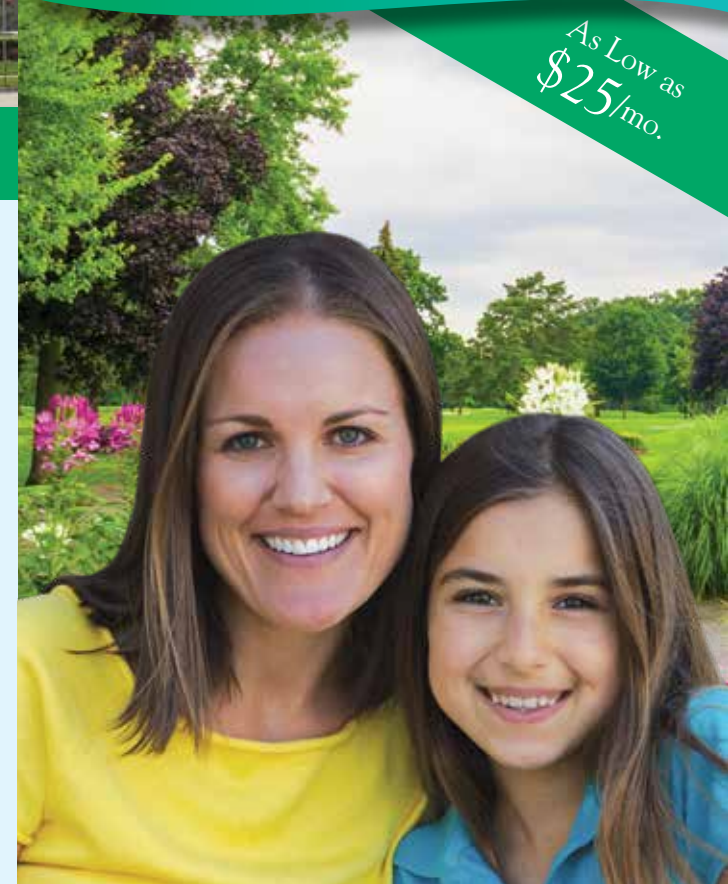
586-263-4060

AragonaDentistry.com



Affordable Dental Coverage For You & Your Entire Family

As Low as
\$25/mo.



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 Aragona Dentistry.

Low-Cost Dental Coverage

- Individual ~ \$25/mo.* or \$250/yr.
- Individual & Spouse ~ \$40/mo.* or \$425/yr.
- Family Plan ~ \$60/mo.* or \$675/yr. (two adults & two kids)
- Additional Child in Family ~ \$15/mo.* or \$125/yr.

*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	\$97
X-Rays (every 12 months)	No Charge	\$129
Adult Cleaning	No Charge	\$95 (every six months)
Children's Cleaning	No Charge	\$70 (every six months)
Fluoride Treatment	\$15	\$44 for Children (every six months)

Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Filling	\$105	\$216
Crown	\$690	\$1,349
Mini-Implant	\$750	\$1,100

Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Soft-Tissue Management	\$164	\$327 (per quadrant)
Periodontal Maintenance	\$152	\$167

Orthodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Traditional Braces	\$5,179	\$5,900 (financing available as low as \$99/mo.)
Invisalign®	\$5,345	\$6,500 (financing available as low as \$99/mo.)
Nightguard	\$535	\$777 (financing available as low as \$33/mo.)

Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Cosmetic Consultation	No Charge	\$97
Cosmetic Whitening	\$295	\$495
Lumineers®	\$800	\$1,349
Emergency Exam	\$68	\$97
Sealants (per tooth)	\$50	\$68
Velscope® Oral Cancer Screening	\$25	\$108
Simple Extraction	\$151	\$211

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

Make check payable to Aragona Dentistry.



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 586-263-4060

AragonaDentistry.com

Patients agree that Aragona Dentistry 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. Dental coverage is a 12-month contract with no refunds. All family members must reside in the same household. This is not an insurance product.

Please Inquire About Services Not Listed Here!