

# 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 \_\_\_\_\_

## Your Safety Is Our Top Priority

We have improved our already extremely rigid sterilization standards in order to virtually eliminate the possibility of disease transmission to both staff & patients in our office.



**CENTERS  
FOR DISEASE  
CONTROL AND  
PREVENTION**

- The Most Advanced Antiseptic Procedures to Meet or Exceed Strict CDC Guidelines
- Heat-Sterilized Instruments & Filtered Water Lines
- Continual Disinfection of Our Office
- Knowledgeable Staff Who Care Deeply About Community Health



# Low-Cost Dental Coverage

Premiums for About \$1/day

## Enroll Today!

### Join Team Dental's In-House Premier Dental Coverage

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

## Healthy Gums Improve Your Overall Health

Research has linked gum disease to health problems like diabetes, heart disease, dementia & respiratory infection. Regular dental cleanings can help you stay healthy & increase your lifespan. Call today for your dental cleaning.



2235 E. 71<sup>st</sup> Street    56 E. 47<sup>th</sup> Street, Suite 200  
Chicago, IL 60649    Chicago, IL 60653  
773-493-4937    773-234-0777

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

**chrisad**

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# Easy & Affordable Dental Coverage

Premiums for About \$1/day



- All Health Conditions Accepted
- No Deductibles or Maximums
- No Health Questions or Hassles

# Affordable Dental Coverage for the Whole Family!

Now you can join our low-cost dental coverage for a nominal membership premium. 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 form & return it with your check, money order or credit card information. Please make your check or money order payable to Team Dental.

## Low-Cost Dental Coverage

- Individual Premium ~ \$32/mo.\*
- Individual & Spouse Premium ~ \$35/mo.\*
- Family Plan Premium (2 adults & 2 kids) ~ \$43/mo.\*
- Additional Child in Family Premium ~ \$8/mo.\*

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

## Preventive Dentistry

Dental Services	Co-payment
-----------------	------------

Examination.....	No Charge
Adult Cleaning (twice per year) .....	No Charge
Kid's Cleaning (twice per year) .....	No Charge
X-Rays (every 12 months) .....	No Charge
Kid's Fluoride Treatment (twice per year) .....	No Charge

## Braces

Dental Services	Co-payment
-----------------	------------

Traditional Braces .....	\$3,900
Invisalign® (financing as low as \$99/mo.). .....	\$4,400
Braces Consultation. ....	No Charge

## Restorative Dentistry

Dental Services	Co-payment
-----------------	------------

Filling.....	\$160
Crown.....	\$750
Root Canal (anterior or molar) .....	600
Dentures (top or bottom) .....	\$900

## Dental Implants

Dental Services	Co-payment
-----------------	------------

Implant.....	\$1,100
Implant Abutment.....	\$400
Implant Crown.....	\$1,000

## Other Treatments

Dental Services	Co-payment
-----------------	------------

Sealants (per tooth).....	\$20
Nightguard.....	\$220
Cosmetic Whitening .....	\$300
Cosmetic Consultation .....	No Charge
Emergency Exam .....	No Charge

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's 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 Team Dental.



2235 E. 71<sup>st</sup> Street Chicago, IL 60649 773-493-4937  
56 E. 47<sup>th</sup> Street, Suite 200 Chicago, IL 60653 773-234-0777

Patients agree that Team Dental co-payments 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 premiums 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.