

# 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 \_\_\_\_\_

## Cleanings Brighten Your Smile & Help Prevent Disease!



# Low-Cost Dental Coverage

No Deductibles, Ever

## Enroll Today!

### Join Marina Tooth Fairy 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.



**Marina Tooth Fairy Dental**  
Benjamin Dental Group Inc.

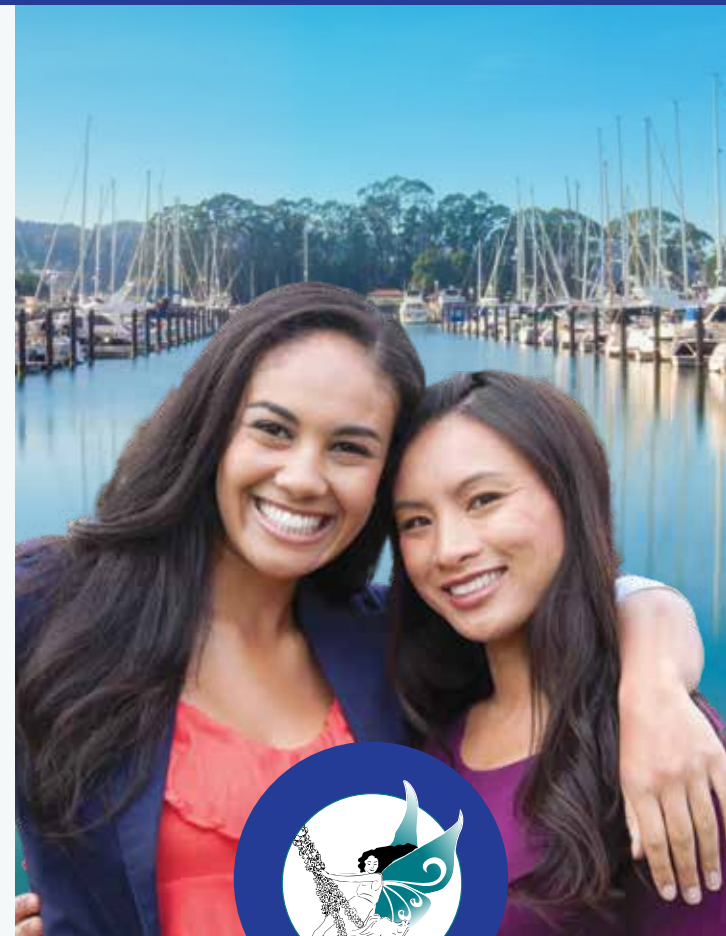
2001 Union Street, Suite 590, San Francisco, CA 94123

415-409-3368

MarinaToothFairy.com   

# Easy & Affordable Dental Coverage

No Deductibles, Ever



**Marina Tooth Fairy Dental**  
Benjamin Dental Group Inc.

- All Health Conditions Accepted
- No 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 Marina Tooth Fairy Dental.

## Low-Cost Dental Coverage

- Individual Premium ~ \$38/mo.\*
- Individual & Spouse Premium ~ \$51/mo.\*
- Family Plan Premium ~ \$63/mo.\* (2 adults & 2 kids)
- Additional Child in Family Premium ~ \$12/mo.\*

\*Monthly payment plan is available to patients providing direct deposit or credit card access. (Membership does not apply to lab fees)

## Preventive Dentistry

Dental Services	Co-payment
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Adult Cleaning (twice per year)	No Charge
Kid's Cleaning (twice per year)	No Charge
Examination (twice per year)	No Charge
X-Rays (every 12 months)	No Charge
Kid's Fluoride Treatment (twice per year)	No Charge
Cosmetic Consultation	No Charge

Please Inquire About Services Not Listed Here!

## Restorative Dentistry

Dental Services	Co-payment
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Filling (anterior)	\$256-\$369
Filling (posterior)	\$289-\$396
Crown	\$1,468
Crown Buildup	\$333
Root Canal (anterior)	\$858
Root Canal (bicuspid)	\$984
Surgical Extraction	\$320

## Other Services

Dental Services	Co-payment
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Perio Maintenance	\$159
Deep Cleaning (per quadrant)	\$281
Sealants (per tooth)	\$83
Nightguard	\$513
Dental Implants	\$2,219
Cosmetic Whitening	\$488



# 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 Marina Tooth Fairy Dental.



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Patients agree that Marina Tooth Fairy 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.