

# Please List All Unmarried Children Up to Age 20

Please Fill Out & Send This Form in Today to Begin Coverage!

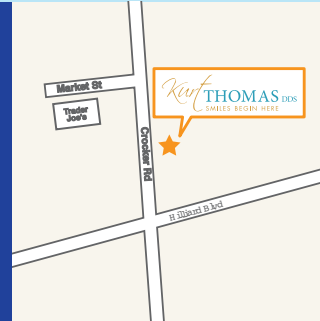
1. Child's First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Son / Daughter  
Date of Birth \_\_\_\_\_
2. Child's First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Son / Daughter  
Date of Birth \_\_\_\_\_
3. Child's First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Son / Daughter  
Date of Birth \_\_\_\_\_
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)
- 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 \$19/mo.

We are located on Crocker Road in Westlake Corporate Park.



## Enroll Today!

### Join Smiles Begin Here'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!

*Kurt* **THOMAS** DDS  
SMILES BEGIN HERE

2211 Crocker Road, Suite 110  
Westlake, OH 44145

440-777-5757

[www.SmilesBeginHere.com](http://www.SmilesBeginHere.com)

# Affordable Dental Coverage For You & Your Entire Family



As Low as  
**\$19/mo.**

*Kurt* **THOMAS** DDS  
SMILES BEGIN HERE

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 Kurt R. Thomas, DDS.

## Low-Cost Dental Coverage

- Individual ~ \$19/mo.\*
- Individual & Spouse ~ \$35/mo.\*
- Additional Child in Family ~ \$11/mo. per child

\*Monthly payment plan is available to patients providing direct deposit or credit card access allowing fees to be paid up front in full.

## Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Examination . . . . .	No Charge . . . . .	\$81
X-Rays (every 12 months) . . . . .	No Charge . . . . .	\$111
Adult Cleaning . . . . . (every six months)	No Charge . . . . .	\$76
Children's Cleaning . . . . . (every six months)	No Charge . . . . .	\$65
Fluoride Treatment . . . . . for Children (every six months)	No Charge . . . . .	\$34

## Orthodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Nightguard . . . . .	\$645 . . . . .	\$717

## Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
1-Surface Filling . . . . .	\$166 . . . . .	\$185
2-Surface Filling . . . . .	\$211 . . . . .	\$235
3-Surface Filling . . . . .	\$268 . . . . .	\$298
4-Surface Filling . . . . .	\$302 . . . . .	\$336
Crown . . . . .	\$1,095 . . . . .	\$1,217
Crown Build-up . . . . .	\$268 . . . . .	\$298
Root Canal-Anterior . . . . .	\$766 . . . . .	\$851
Root Canal-Molar . . . . .	\$897 . . . . .	\$997
Denture-Top . . . . .	\$1,690 . . . . .	\$1,878
Denture-Bottom . . . . .	\$1,690 . . . . .	\$1,878

## Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Soft Tissue Management . . . . . (per quadrant)	\$223 . . . . .	\$248
Periodontal Maintenance . . . . .	\$114 . . . . .	\$127

## Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Emergency Exam . . . . .	\$71 . . . . .	\$79
Sealants (per tooth) . . . . .	\$33 . . . . .	\$37

Please Inquire About  
Services Not Listed Here!

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 or money order payable to Kurt R. Thomas, DDS.



2211 Crocker Road, Suite 110 • Westlake

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440-777-5757

www.SmilesBeginHere.com

Patients agree that Kurt R. Thomas, DDS 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.