

# 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)
- 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 \$18/mo.

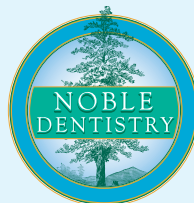
Our office is located in  
the Noble Plaza building  
across from Wawa.



## Enroll Today!

### Join Noble Dentistry'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!



801 Old York Road, Suite 403  
Jenkintown, PA 19046

215-277-7880

NobleDentistry.com



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## Affordable Dental Coverage For You & Your Entire Family

As Low as  
\$18/mo.



We're Making Excellence in  
Dentistry Affordable for You!

# Affordable Dental Coverage 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 Noble Dentistry.

## Low-Cost Dental Coverage

- Individual ~ \$18/mo.\*
- Individual & Spouse ~ \$31/mo.\*
- Family Plan ~ \$42/mo.\* (two adults & two kids)
- Additional Child in Family ~ \$9/mo.\*

\*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	\$110
X-Rays (every 12 months) .....	No Charge	\$167
4 Bitewing X-Rays (every 12 months) .....	No Charge	\$81
Adult Cleaning (every six months) .....	No Charge	\$119
Children's Cleaning (every six months) .....	No Charge	\$88
Fluoride Treatment (every six months) .....	No Charge	\$54

## Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Soft Tissue Management (per quadrant) .....	\$262	\$308
Periodontal Maintenance (gum treatment) .....	\$151	\$177

## Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
1-Surface Filling.....	\$105	\$221
2-Surfaces Filling.....	\$125	\$281
3-Surfaces Filling.....	\$137	\$342
4-Surfaces Filling.....	\$202	\$404
Crown.....	\$752	\$1,244
Crown Buildup.....	\$115	\$328
Root Canal-Anterior.....	\$725	\$951
Root Canal-Molar.....	\$889	\$1,339
Denture-Top .....	\$1,723	\$2,026
Denture-Bottom .....	\$1,785	\$2,100

## Orthodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Invisalign® .....	\$3,495	\$5,245
Nightguard.....	\$325	\$592

## Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Emergency Exam .....	\$20	\$96
Sealants (per tooth).....	\$22	\$42
Sealants .....	\$110	\$129
At-Home Cosmetic Whitening. .	\$217	\$255
In-Office Cosmetic Whitening ..	\$595	\$700
Cosmetic Consultation .....	\$64	\$75

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 \_\_\_\_\_

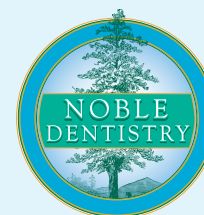
\_\_\_\_\_ Date \_\_\_\_\_

American Express / Discover / MasterCard / Visa

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

☐ Make check or money order payable to Noble Dentistry.



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Patients agree that Noble 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. 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.