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 6 months)
- Fluoride Treatment for Children (under the age of 18, 3 times per year)
- X-Rays (once every 12 months)
- Cleaning (Prophylaxis) (3 times per year)



Low-Cost Dental Coverage As Low as \$199/yr.

Our office is located just west of Big Apple Bazaar Flea Market.



Enroll Today!

Join Mark Herman Dental Excellence'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!



5329 West Atlantic Avenue, Suite 201, Delray Beach, FL 33484

561-498-0015

MarkHermanDMD.com **f**



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Affordable Dental Coverage



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 your check or money order payable to Mark Herman, DMD Dental Excellence.

Low-Cost Dental Coverage As Low as \$199/yr.

Preventive Dentistry

		1
Service	Co-Payment (Plan Fee) "Basic Care"	Regular Fees as High as
Examination	No Charge	\$99
X-Rays	. No Charge	\$149
4 Bitewing X-Rays. (every 12 months)	No Charge	\$71
Adult Cleaning (3 times per year)	No Charge	\$98
Children's Cleaning(3 times per year)	No Charge	\$75
Fluoride Treatment	No Charge	\$45

Restorative Dentistry

Service	Co-Payment (Plan Fee) "Basic Care"	Regular Fees as High as
Fillings/Onlays	\$145-\$725	\$195-\$950
Crown	\$965	\$1,400
Denture	\$950	\$1,350

Other Treatments

Service	Co-Payment (Plan Fee) "Basic Care"	Regular Fees as High as	
Emergency Exam	No Charge	\$85	
Sealants (per tooth)	\$30	\$45	
Nightguard	\$400	\$525	
Cosmetic Whitening	\$495	\$650	

Please Inquire About Services Not Listed Here!



Complete This Form to Begin Coverage Today!

Thanie			
Last Name			
Middle Initial		Female / Male	
Home Address			
C'r	Curto		7:
City			-
Phone			
Email			
Date of Birth//			
Spouse First Name			
Last Name			
Middle Initial			Female / Male
Date of Birth/			
Enrollment Period		to _	
Signature (member & spouse)			
		D	ate
		D	ate
American Express / Discover	r / Master	Card /	Visa
Card Number			
Expiration Date			
Make your check or mor	,	,	



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rendered. Any service not paid for at the time of service will be billed at usual & customary fees. Coverage household. This is not an insurance product. Membership renews annually on the day & month of initia enrollment. Membership renews automatically unless member formally requests otherwise in advance.