

# 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 use the most advanced antiseptic procedures to meet or exceed strict CDC guidelines.



# Low-Cost Dental Coverage

Premiums for Less Than \$1/day

## Enroll Today!

### Join Tipton Dental Associates' 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



303 South Osage Avenue  
Tipton, MO 65081  
660-433-5741

TiptonDentalAssociates.com 

# Easy & Affordable Dental Coverage

Premiums for Less Than \$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 Tipton Dental Associates.

## Low-Cost Dental Coverage

Individual Premium ~ \$300/yr.

## 5% Off Most Other Services!

Please Inquire About Services Not Listed Here

### Preventive Dentistry

Dental Services	Co-payment
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Examination . . . . .	Included
Adult Cleaning (twice per year) . . . . .	Included
Kid's Cleaning (twice per year) . . . . .	Included
X-Rays (every 12 months) . . . . .	Included
Kid's Fluoride Treatment (twice per year) . . . . .	Included

### Restorative Dentistry

Dental Services	Co-payment
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Filling (one surface, posterior) . . . . .	\$180
Filling (two surface, posterior) . . . . .	\$228
Filling (three surface, posterior) . . . . .	\$270
Filling (four surface, posterior) . . . . .	\$318
Crown . . . . .	\$940
Root Canal (anterior) . . . . .	\$760
Root Canal (molar) . . . . .	\$1,045
Dentures (top or bottom, complete) . . . . .	\$1,330
Root Planing (per quad) . . . . .	\$261

### Other Treatments

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

Sealants (per tooth) . . . . .	\$52
Cosmetic Consultation . . . . .	Included

## 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 Tipton Dental Associates.



303 South Osage Avenue, Tipton, MO 65081

660-433-5741

TiptonDentalAssociates.com

Patients agree that Tipton Dental Associates 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.

