# 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



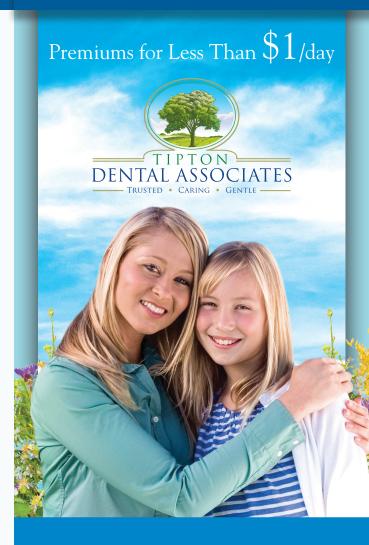
303 South Osage Avenue Tipton, MO 65081 660-433-5741

TiptonDentalAssociates.com f

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# Easy & Affordable Dental Coverage



- 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  $\mathscr E$  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
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
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	/ Masterca	rd / Visa
Card Number		



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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 remember formally requests otherwise in advance.