



# Affordable Dental Coverage

For You & Your Entire Family

OWINGS  MILLS  
• DENTISTRY •  
*Personalized & Comfortable*



As Low as  
**\$25/mo.**

We're Making Excellence in  
Dentistry Affordable for You!

# Low-Cost Individual Dental Coverage

Now you can join our low-cost dental plan for a nominal membership fee. Our plan 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 checks or money orders payable to Owings Mills Dentistry.

## Low-Cost Dental Plans

- Individual ~ \$25/mo.\*
- Individual & Spouse ~ \$42/mo.\*
- Family Plan ~ \$60/mo.\* (two adults & two kids)
- Additional Child in Family ~ \$8/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 . . . . .	\$76
X-Rays (every 12 months) . . . . .	No Charge . . . . .	\$72
Adult Cleaning . . . . . (every six months)	No Charge . . . . .	\$104
Children's Cleaning . . . . . (every six months)	No Charge . . . . .	\$72
Fluoride Treatment . . . . . for Children (every six months)	No Charge . . . . .	\$30

## Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Filling (Single) . . . . .	\$133 . . . . .	\$156
Crown (Porcelain) . . . . .	\$982 . . . . .	\$1,155

## Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Soft-Tissue Management . . . . . (per quadrant)	\$221 . . . . .	\$260
Periodontal Maintenance . . . . .	\$162 . . . . .	\$190

## Orthodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Invisalign® . . . . . (financing available as low as \$199 per month)	\$4,500 . . . . .	\$5,000
Nightguard . . . . .	\$578 . . . . .	\$680

## Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Cosmetic Consultation . . . . .	No Charge . . . . .	No Charge
Cosmetic Whitening . . . . .	\$561 . . . . .	\$660
Emergency Exam . . . . .	\$72 . . . . .	\$84

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 \_\_\_\_\_

E-mail \_\_\_\_\_

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 \_\_\_\_\_

MasterCard / Visa / Discover / American Express

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

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

Make check payable to **Owings Mills Dentistry**.



10995 Owings Mills Boulevard  
Suite 218 • Owings Mills

We cordially invite you to call  
**(410) 363-1626**

Visit us online at

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

Patients agree that Owings Mills 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. Plan 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.

# Please List All Unmarried Children Up to Age 20

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

1. Child's Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
2. Child's Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
3. Child's Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
4. Child's Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
5. Child's Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

## Our Affordable Plan 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, twice per calendar year)



# Low-Cost Individual Dental Plan

As Low as  
**\$25/mo.**

## Enroll Today!

### Join Owings Mills Dentistry's In-House Premier Dental Plan

It's a discounted fee schedule for most services, only good at Owings Mills Dentistry. You save on everything from cleanings & fillings to cosmetic procedures & crowns!



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Owings Mills, MD 21117

We cordially invite you to call

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Visit us online at

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



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We are conveniently located in  
the Boulevard Corporate Center,  
near Outback Steakhouse.

