Please List All Dependents Up to Age 18

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

1. Dependent's First Name _____
   Last Name _____ M / F
   Date of Birth _____

2. Dependent's First Name _____
   Last Name _____ M / F
   Date of Birth _____

3. Dependent's First Name _____
   Last Name _____ M / F
   Date of Birth _____

4. Dependent's First Name _____
   Last Name _____ M / F
   Date of Birth _____

5. Dependent's First Name _____
   Last Name _____ M / F
   Date of Birth _____

Our Affordable Membership Coverage Includes the Following Services:

- Periodic Exam (twice per year)
- X-Rays (once per year)
- Fluoride Treatment for Dependent (twice per year)
- Cleaning (Prophylaxis) (twice per year)

Low-Cost Dental Coverage

As Low as $249/yr.

Our office is located on West Market Street (Route 209), one block west of Garfield Square.

Enroll Today!

Join West Market Dental Care's In-House Premier Dental Coverage

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

- You Cannot Be Denied Coverage!
- No Deductibles!
- No Health Questions to Qualify!
- Fixed Annual Membership Fee!

620 West Market Street, Pottsville, PA 17901

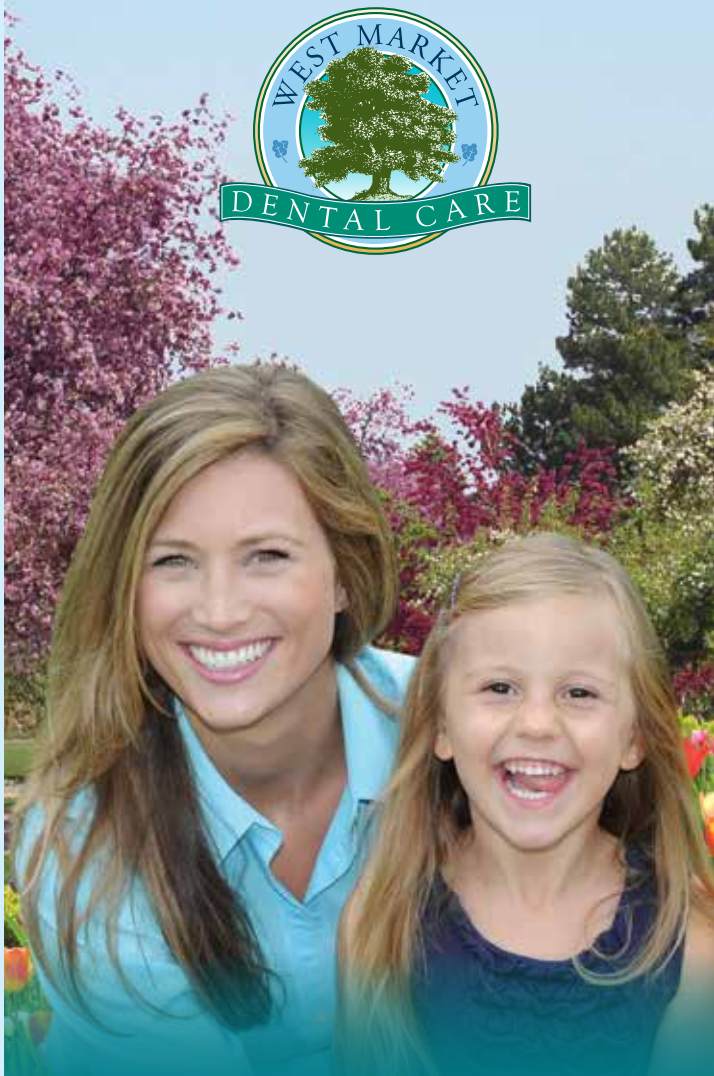
570-622-7436

www.WestMarketDentalCare.com

As Low as $249/yr.

Affordable Dental Coverage

For You & Your Entire Family



We're Making Excellence in Dentistry Affordable for You!

Low-Cost Dental Coverage

ID# _____

First Name _____

Last Name _____

Enrollment Period _____/_____/_____ to _____/_____/_____
mo day yr mo day yr

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. Your membership must be paid in full. Please make check or money orders payable to Brian Barket, DDS.

Low-Cost Dental Coverage

- Member ~ $249/yr.
- Member & Co-Member ~ $316/yr.
- Family Plan ~ $416/yr. (two adults & two kids up to age 18)
- Additional Dependent ~ $156/yr. (up to age 18)

Preventive Dentistry

Service	Regular Fees as High as	You Pay
Examination (twice per year)	$40	$0
X-Rays (once every 12 months)	$59	$0
Adult Cleaning (twice per year)	$75	$0
Dependent Cleaning (twice per year)	$55	$0
Fluoride Treatment for Dependent (up to age 18, twice per year)	$35	$0

Please Inquire About Services Not Listed Here!

Restorative Dentistry

Service	Regular Fees as High as	You Pay
Filling	$165	$141
Crown	$900	$765

Periodontics

Service	Regular Fees as High as	You Pay
Soft-Tissue Management (per quadrant)	$215	$183
Periodontal Maintenance	$115	$98

Endodontics

Service	Regular Fees as High as	You Pay
Molar Root Canal	$940	$799
Anterior Root Canal	$660	$561

Other Treatments

Service	Regular Fees as High as	You Pay
In-Office Whitening	$375	$319
Emergency Exam	$105	$90
Sealants (per tooth)	$41	$35
Simple Extraction	$130	$111
Full Denture (upper or lower)	$1,180	$1,003
Partial Denture (upper or lower)	$1,450	$1,232
Full Mouth X-Rays	$117	$100

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

ID# _____

First Name _____

Last Name _____

Middle Initial _____ Female / Male

Home Address _____

_____

City _____ State _____ Zip _____

Phone _____

Email _____

Date of Birth _____/_____/_____ S.S.# XXX - XX - _____
mo day yr

Co-Member First Name _____

Last Name _____

Middle Initial _____ Female / Male

Date of Birth _____/_____/_____ S.S.# XXX - XX - _____
mo day yr

Enrollment Period _____/_____/_____ to _____/_____/_____
mo day yr mo day yr

Signature (member & co-member)

_____ Date _____

_____ Date _____

Discover / MasterCard / Visa & Care Credit

Card Number _____

Expiration Date _____

☐ Make check or money order payable to **Brian Barket, DDS**.

WEST MARKET DENTAL CARE

620 West Market Street • Pottsville

570-622-7436

www.WestMarketDentalCare.com

Patients agree that West Market Dental Care 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 & is non-refundable/non-transferable.