

# Please List All Unmarried Children Up to Age 20

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

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 \_\_\_\_\_

5. Child's First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Son / Daughter  
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)

Plan#: ADPC03

# Low-Cost Dental Coverage

As Low as \$249/yr.

We are located adjacent to McDonald's & have FREE parking!



## Enroll Today!

Join Nexus Dental's In-House Premier Dental Plan

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

- All Health Conditions Accepted!
- You Cannot Be Denied Coverage!
- No Deductibles!
- No Health Questions!
- You Cannot Be Singled Out for Rate Increases or Cancellations!
- Small Business Dental Plan Available



14 Main Street • Maynard, MA 01754  
978-897-NEXX (6399)  
NexusFamilyDental.com



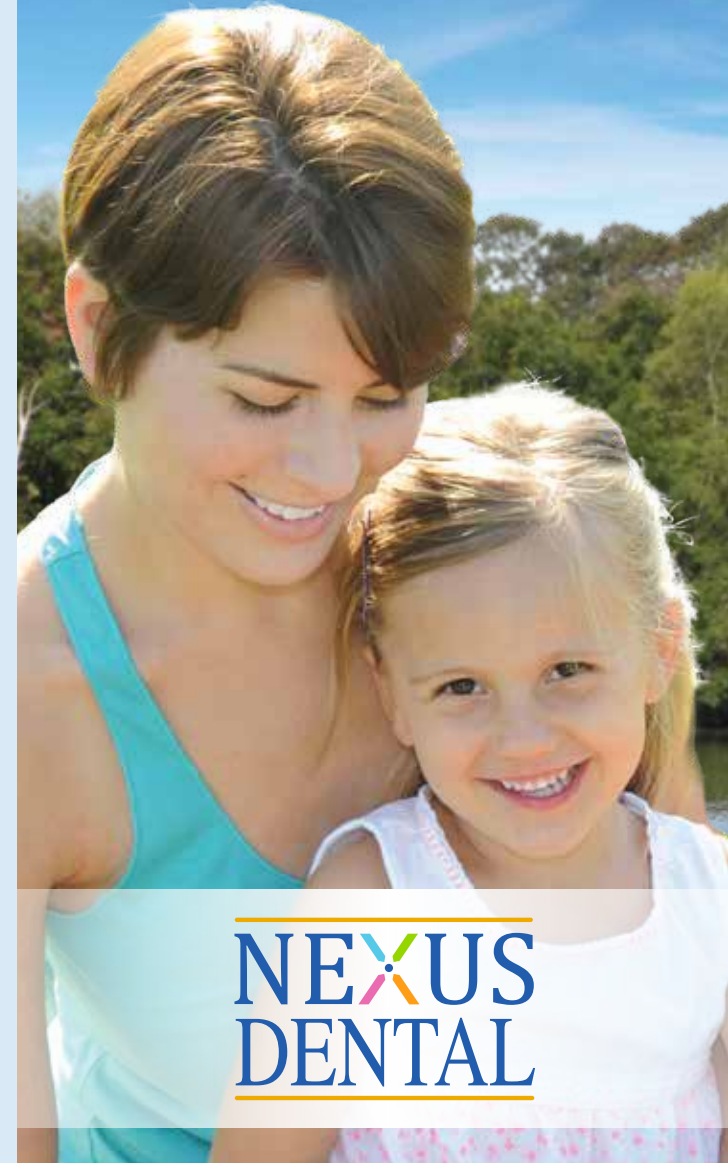
ID# 5218/2nd © November 2015 chrisad, inc., marin co., ca all rights reserved.



As Low as \$249/yr.

# Affordable Dental Coverage

For You & Your Entire Family



# Low-Cost 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 check or money orders payable to Nexus Dental.

## Low-Cost Dental Plans

- Individual ~ \$249/yr.
- Individual & Spouse ~ \$449/yr.
- Family Plan ~ \$599/yr. (two adults & two kids)
- Additional Child in Family ~ \$100/yr.

## Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Examination.....	No Charge	\$149
X-Rays (every 12 months) .....	No Charge	\$75
Adult Cleaning .....	No Charge	\$108 (every six months)
Children's Cleaning.....	No Charge	\$89 (every six months)
Fluoride Treatment .....	No Charge	\$25 for Children (every six months)

Please Inquire About  
Services Not Listed Here!

## Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Filling.....	\$160	\$200
Crown.....	\$1,200	\$1,500

## Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Soft-Tissue Management .....	\$200	\$250 (per quadrant)
Periodontal Maintenance .....	\$112	\$140

## Orthodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Invisalign® .....	\$3,900	\$5,500 (financing available as low as \$99/mo.)
Nightguard.....	\$400	\$550

## Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Cosmetic Whitening .....	\$179	\$299 (take-home with custom trays)
Cosmetic Whitening.....	\$289	\$550 (in-office)
Emergency Exam .....	\$79	\$129
Sealants (per tooth).....	\$25	\$51

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 \_\_\_\_\_

Email \_\_\_\_\_

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 \_\_\_\_\_

American Express / Discover / MasterCard / Visa

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

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

Make check or money order payable to **Nexus Dental**.



14 Main Street • Maynard

978-897-NEXX (6399)

NexusFamilyDental.com

Patients agree that Nexus Dental 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. Bigstock: 20191784.