

# 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 \_\_\_\_\_

## Healthy Gums Improve Your Overall Health

Research has linked gum disease to health problems like diabetes, heart disease, dementia & respiratory infection. Regular dental cleanings can help you stay healthy & increase your lifespan. Call today for your dental cleaning.



# Low-Cost Dental Coverage

Premiums as Low as \$19/mo.

## Enroll Today!

Join Rotem Dental Care's 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!



180 Route 37 West, Toms River, NJ 08755

732-903-4400

RotemDentalCare.com   

chrisad

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# Easy & Affordable Dental Coverage



Premiums  
as Low as  
\$19/mo.



- 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 Rotem Dental Care.

## Low-Cost Dental Coverage

- Individual Premium ~ \$19/mo.\*
- Individual & Spouse Premium ~ \$17/mo.\*
- Family Plan Premium (2 adults & 2 kids) ~ \$15/mo.\*
- Additional Child in Family Premium ~ \$12/mo.\*

\* Prices shown are per person. Monthly payment plan is available to patients providing direct deposit or credit card access. If IDP membership is cancelled prior to being paid in full for a year, any discounts received through the membership will be void. All recommended treatment must be done in our office to qualify for IDP membership. Patient will be responsible for the charges.

## Preventive Dentistry

Dental Services	Co-payment	Regular Fee as High as
Examination . . . . .	No Charge. . . . .	\$70
Adult Cleaning . . . . .	No Charge. . . . .	\$197 (twice a year – every 6 months)
Kid's Cleaning . . . . .	No Charge. . . . .	\$109 (twice a year – every 6 months)
X-Rays . . . . .	No Charge. . . . .	\$110 (twice a year – every 6 months)
Kid's Fluoride Treatment . . .	No Charge. . . . .	\$46 (twice a year – every 6 months)

Please Inquire About Services  
Not Listed Here!

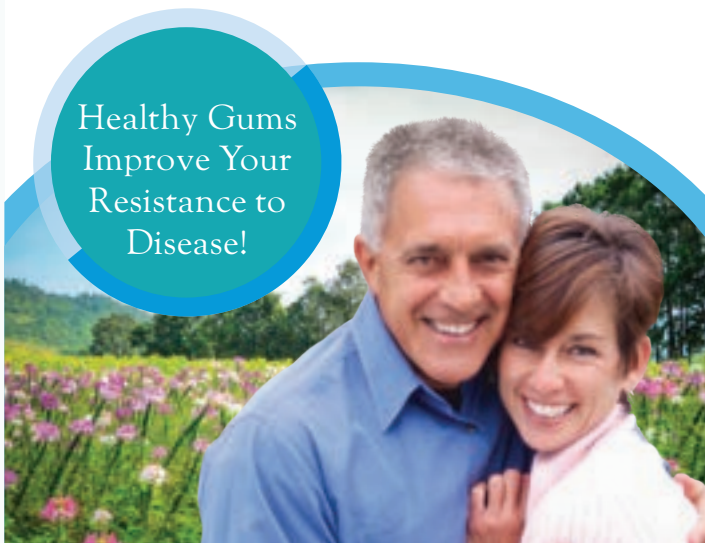
## Restorative Dentistry

Dental Services	Co-payment	Regular Fee as High as
Filling. . . . .	\$250 . . . . .	\$295–\$400
Crown . . . . .	\$1,288. . . . .	\$1,600
Root Canal . . . . .	\$828 . . . . .	\$1,450 (anterior or molar)
Dentures . . . . .	\$2,576. . . . .	\$2,950 (top or bottom)
Porcelain Veneers. . . . .	\$1,288. . . . .	\$1,600

## Other Treatments

Dental Services	Co-payment	Regular Fee as High as
Sealants . . . . .	\$35 . . . . .	\$75 (per tooth)
Nightguard . . . . .	\$732 . . . . .	\$850
Cosmetic Whitening . . . . .	\$300 . . . . .	\$600
Emergency Exam . . . . .	\$35 . . . . .	\$75
Cosmetic Consultation . . . .	No Charge. . . . .	\$75
Implant Consultation . . . .	No Charge. . . . .	\$75
Ortho Consultation. . . . .	No Charge. . . . .	\$75

Healthy Gums  
Improve Your  
Resistance to  
Disease!



## 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  
 Rotem Dental Care.



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Patients agree that Rotem Dental Care 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. If IDP membership is cancelled prior to being paid in full for a year, any discounts received through the membership will be void. All recommended treatment must be done in our office to qualify for IDP membership. Patient will be responsible for the charges.