

# Complete This Form to Begin Coverage Today

Please List All Children You Wish to Enroll:

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Cleanings Brighten Your Smile & Help Prevent Disease!



# Low-Cost Dental Coverage

No Deductibles, Ever

Premiums for Less Than \$1/day

## Enroll Today!

### Join Fairlawn Dental Care's In-House Premium 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

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.



3610 West Market Street, Akron, OH 44333  
330-666-7800 • FairlawnDentalCare.com

# Easy & Affordable Dental Coverage

No Deductibles, Ever

Premiums for Less Than \$1/day



- 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 Fairlawn Dental Care.

## Low-Cost Dental Coverage

- Individual Premium ~ \$349/year
- Two-Person Household Premium ~ \$509/year
- Family Plan Premium ~ \$679/year  
(Individual & 3 family members)
- Additional Child in Family Premium ~ \$239/year

## Preventive Dentistry

Dental Services	Co-payment
-----------------	------------

Examination (twice per year) . . . . .	No Charge
Adult Cleaning (twice per year) . . . . .	No Charge
Kid's Cleaning (twice per year) . . . . .	No Charge
X-Rays (every 12 months) . . . . .	No Charge
Full Mouth X-Rays (every three years) . . . . .	No Charge
Kid's Fluoride Treatment (twice per year) . . . . .	No Charge

## Periodontics

Dental Services	Co-payment
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Periodontal Quadrant Maintenance . . . . .	\$179
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## Restorative Dentistry

Dental Services	Co-payment
-----------------	------------

Filling . . . . .	Starting at \$145
Crown . . . . .	\$1,199

## Other Treatments

Dental Services	Co-payment
-----------------	------------

Cosmetic Whitening . . . . .	\$99
Cosmetic Consultation . . . . .	No Charge
Emergency Exam . . . . .	\$74

Please Inquire  
About Services Not  
Listed Here!



# Complete This Form to Begin Coverage Today!

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Enrollment Period \_\_\_\_\_ to \_\_\_\_\_

Signature (both members if applicable)

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

American Express / Discover / Mastercard / Visa

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

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

Make your check or money order payable to Fairlawn Dental Care.



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Patients agree that Fairlawn 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.