

## 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 Coverage Includes the Following Services at No Charge:

- Comprehensive Exam/ Periodic 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)

## Low-Cost Dental Coverage

As Low as \$19.99/mo.



We are located off Cincinnati Dayton Road in Olde West Chester.

## Enroll Today!

Join Dentistry Details' In-House Premier Dental Coverage

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



8919 Brookside Avenue  
 Suite 102  
 West Chester, OH 45069

513-847-4692

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

As Low as \$19.99/mo.

## Affordable Dental Coverage For You & Your Entire Family



April Hearn, DDS, General Dentist



We're Making Excellence in Dentistry Affordable for You!

# Low-Cost Dental Coverage

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. Please make check or money orders payable to Dentistry Details.

## Low-Cost Dental Coverage

- Individual ~ \$239.88/yr. (equals \$19.99/mo.)
  - Individual & Spouse ~ \$419.88/yr. (equals \$34.99/mo.)
  - Additional Family Members ~ \$155.88/yr. (equals \$12.99/mo.)
- \* This is an annual plan

## Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Examination . . . . .	No Charge . . . . .	\$96
X-Rays (every 12 months) . . . . .	No Charge . . . . .	\$146
Adult Cleaning . . . . . (every six months)	No Charge . . . . .	\$98
4 Bitewing X-Rays . . . . . (once every 6 months)	No Charge . . . . .	\$71
Children's Cleaning . . . . . (every six months)	No Charge . . . . .	\$74
Fluoride Treatment . . . . . for Children (every six months)	No Charge . . . . .	\$58

Please Inquire About Services Not Listed Here!

## Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
1-Surface Filling . . . . .	\$159 . . . . .	\$199
2-Surface Filling . . . . .	\$204 . . . . .	\$255
3-Surface Filling . . . . .	\$220 . . . . .	\$275
4-Surface Filling . . . . .	\$301 . . . . .	\$376
Crown . . . . .	\$1,002 . . . . .	\$1,253
Crown Build-up . . . . .	\$238 . . . . .	\$298
Denture-Top . . . . .	\$1,617 . . . . .	\$2,021
Denture-Bottom . . . . .	\$1,638 . . . . .	\$2,047

## Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Periodontal Maintenance (gum treatment) - 2 covered per year . . . . .	\$119 . . . . .	\$149
Soft Tissue Management (per quadrant) . . . . .	\$224 . . . . .	\$280

## Orthodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Nightguard . . . . .	\$519 . . . . .	\$649

## Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Cosmetic Consultation . . . . .	No Charge . . . . .	\$96
Cosmetic Whitening . . . . .	\$208 . . . . .	\$260 per arch
Extraction (simple) . . . . .	\$155 . . . . .	\$194

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 \_\_\_\_\_

MasterCard / Visa  
 Card Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_

Make check payable to Dentistry Details.



April Hearn, DDS, General Dentist

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Patients agree that Dentistry Details 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.