

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)
- Oral Cancer Screening

Low-Cost Individual Dental Plan

As Low as
\$25/mo.

Enroll Today!

Join Napoleon Dental Care's In-House Premier Dental Plan

It's not insurance, it's smarter: a discounted fee schedule for most services, only good at Napoleon Dental Care. You save on everything from cleanings & fillings to root canals & crowns!



Personalized & Comfortable

130 East Avenue, Napoleon, MI 49261

We cordially invite you to call

(517) 536-8641

Visit us online at

www.SamuelHillJrDDS.com



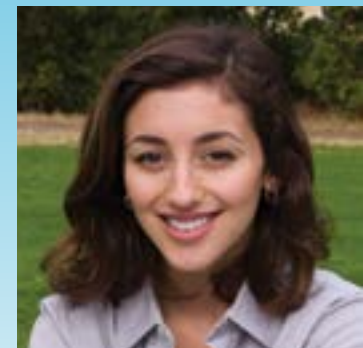
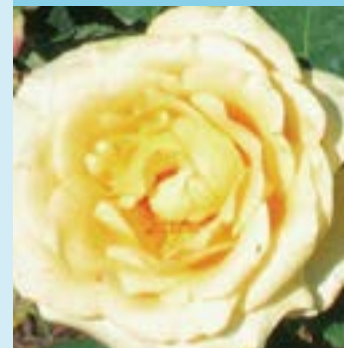
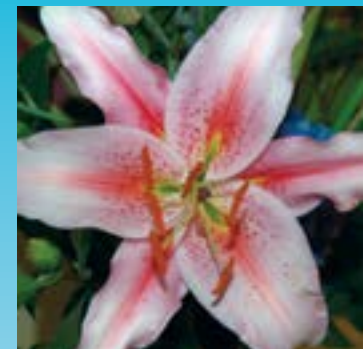
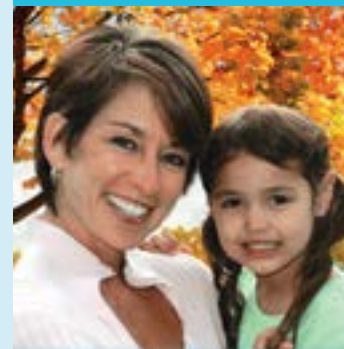
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Affordable Dental Coverage

For You & Your Entire Family

As Low as
\$25/mo.



Personalized & Comfortable

We're Making Excellence in Dentistry Affordable for You!

We are conveniently located in the Napoleon Medical Center Building, just off M-50 East. Come in or call today for your appointment.

Low-Cost Individual Dental Coverage

In these tough economic times, we at Napoleon Dental Care are proud to offer our low-cost dental plan. Enrollment entitles you to preventive dental care at no cost! Corrective services are available for reduced fees 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 checks or money orders payable to Samuel L. Hill Jr. DDS PC.

Low-Cost Dental Plans

- Individual Adult ~ \$25/mo. or \$250/yr.*
- Individual & Spouse ~ \$40/mo. or \$425/yr.*
- Family Plan ~ \$60/mo. or \$675/yr.*
(two adults & two children)
- Additional Child in Family ~ \$15/mo. or \$125/yr.*

*Monthly payment plan is available to patients providing direct deposit or credit card access.

Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Examination	No Charge	\$75
X-Rays (every 12 months)	No Charge	\$115
Adult Cleaning (every six months)	No Charge	\$75
Children's Cleaning (every six months)	No Charge	\$60
Fluoride Treatment for Children (under the age of 18, once every six months)	No Charge	\$35

Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Crown	\$765	\$900
1 Surface Filling	\$128	\$150
2 Surface Fillings	\$149	\$175
3 Surface Fillings	\$170	\$200
4 Surface Fillings	\$191	\$225

Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Soft-Tissue Management (per quadrant)	\$170	\$200
Periodontal Maintenance	\$85	\$100

Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Cosmetic Consultation	No Charge	No Charge
Cosmetic Whitening	\$300	\$400
Emergency Exam	\$34	\$40
Sealants (per tooth)	\$38	\$45
Nightguard	\$680	\$800

Please Inquire About Services
Not Listed Here!

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 _____

E-mail _____

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 / Discover

Card Number _____

Expiration Date _____

Make check payable to **Samuel L. Hill Jr. DDS PC.**



130 East Avenue, Napoleon, MI 49261

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(517) 536-8641

Visit us online at

www.SamuelHillJrDDS.com

Patients agree that Napoleon 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. Plan 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.