NO DENTAL INSURANCE? WE HAVE YOU COVERED!

The Dental Center of Jefferson is pleased to offer an affordable Saving Plan for those patients without dental insurance to provide affordability and greater access to quality dental care.

Ask one of our front desk to join this plan today and save!

Our affordable Dental Saving plan entitles you to preventive dental care at No additional cost!

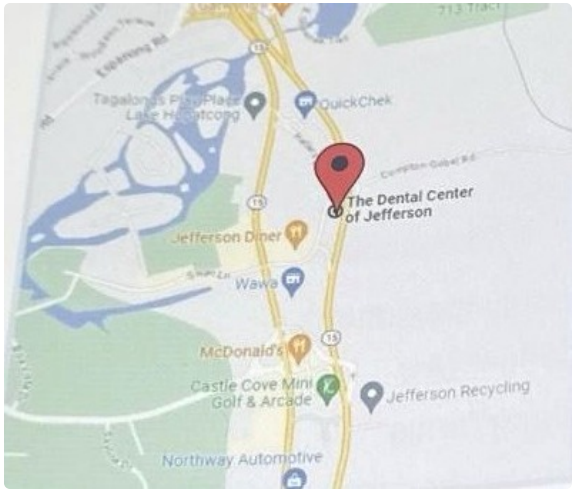
Restorative Services are available at far less than the usual and customary fees. Our professional staff is qualified to care for all of your dental needs!

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 NJ Dental Wellness INC

THE DENTAL CENTER

The Dental Center of Jefferson offers state-of-the-art equipment, a convenient location, and ample parking. We understand that time is essential and we offer convenient late-night, early morning hours, and weekend hours for all patients.



973-663-4220

28 Bowling Green Pkwy Ste 2B
Lake Hopatcong, NJ 07849

appt@wesmiledentalhealth.org
info@wesmiledentalhealth.org

www.beyonddentalcenter.com

THE DENTAL CENTER



The Dental Center Saving Plan

www.beyonddentalcenter.com

Our Dental Savings Plan includes the following at No Additional charge:

- *Routine Exams (once every 6 months)*
- *Cleaning (prophylaxis) once every 6 months*
- *Four bitewing X-rays and two periapical X-rays in a twelve-month period*
- *One Full mouth x-rays (Initial)*
- *Fluoride treatment for Children (under the age of 18/once every 12 months)*

Up to 20% to 40% OFF All Dental Procedures

40% OFF *Teeth Whitening*
Preventative Sealants

30% OFF *Periodontal Care*
Night Guards

25% OFF *Fillings, Crowns*
Bridges, extractions

20% OFF *Implants, Dentures & Braces*

For more information, please ask one of our front desk receptionists or call us 973-663-4220



- *No yearly maximums*
- *No deductibles*
- *No claim forms*
- *No pre-authorization requirements*
- *No pre-existing condition limitations*
- *Immediate eligibility (no waiting periods)*
- *Free Consultations*

Dental Saving Plan
Total Annual Cost
Adult $360
Child $199

PLEASE COMPLETE THIS FORM TO BEGIN THE DENTAL SAVING PLAN!

- **FULL NAME:**
- **ADDRESS:**
- **PHONE #**
- **EMAIL:**
- **DATE OF BIRTH**
- **SPOUSE FULL NAME:**
- **SPOUSE'S DOB:**
- **ENROLLMENT PERIOD:** to
- Signature (member & spouse) _____ Date: _____
  _____ Date: _____
- **CARD NUMBER:** _____
- **EXPIRATION DATE:** _____
- **MAKE CHECK OR MONEY ORDER PAYABLE TO NJ DENTAL WELLNESS INC.**

PLAN EXCLUSIONS AND LIMITATIONS

- This dental discount plan is not an insurance plan that can be used with any other dental insurance
- This Saving Plan cannot be used:
- In conjunction with another dental plan
- For referrals to specialists
- For hospitalization or hospital charges of any kind
- This plan is only honored at THE DENTAL CENTER & is designed to provide affordability and greater access to quality dental care.
- The plan is active from the time of payment for 365 days.
- Plan is void if patient fails to give 48 hours notice of cancellation of appointment.
- Family members must reside in the same household address and must sign up for the plan at the same time.
- Patient agrees The Dental Center fees stated must be paid at the time service are rendered or will be billed as usual.