

# Complete This Form to Begin Coverage Today

Please List All Children  
You Wish to Enroll

1. Parents First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Son / Daughter  
Date of Birth \_\_\_\_\_

2. Parents 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 \_\_\_\_\_

## Your Safety Is Our Top Priority

We have improved our already extremely rigid sterilization standards in order to virtually eliminate the possibility of disease transmission to both staff & patients in our office.



**CENTERS  
FOR DISEASE  
CONTROL AND  
PREVENTION**

- The Most Advanced Antiseptic Procedures to Meet or Exceed Strict CDC Guidelines
- Heat-Sterilized Instruments & Filtered Water Lines
- Continual Disinfection of Our Office
- Knowledgeable Staff Who Care Deeply About Community Health



# Low-Cost Dental Coverage

Premiums for About \$1/day

## Enroll Today!

### Join Neal 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!

### 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.



9070 Devlin Road, Suite 120, Bristow, VA 20136

703-368-1272  
NealDentalCare.com

# Easy & Affordable Dental Coverage

Premiums for About \$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 Neal Dental Care.

## Low-Cost Dental Coverage

- Smile Club Adults ~ \$35/mo.\*
- Smile Club Kids ~ \$32/mo.\*
- Perio Club ~ \$50/mo.\*

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

## Preventive Dentistry

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

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

## Braces

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

Traditional Braces.....	15% Off
Invisalign®.....	15% Off
Braces Consultation.....	No Charge

## Restorative Dentistry

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

Filling (one surface).....	15% Off
Filling (two surface).....	15% Off
Filling (three surface).....	15% Off
Filling (four surface).....	15% Off
Crown.....	15% Off
Root Canal (anterior).....	15% Off
Root Canal (molar).....	15% Off
Dentures (top or bottom).....	15% Off

## Other Treatments

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

Sealants (per tooth).....	15% Off
Nightguard.....	15% Off
Cosmetic Whitening.....	15% Off
Cosmetic Consultation.....	No Charge
Emergency Exam.....	No Charge

Please Inquire About Services  
Not Listed Here!



## 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  
Neal Dental Care.



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NealDentalCare.com

Patients agree that Neal 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.