

Complete This Form to Begin Coverage Today

Please List All Children You Wish to Enroll

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 _____

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 Marina Tooth Fairy Dental'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.



Marina Tooth Fairy Dental

Benjamin Dental Group Inc.

2001 Union Street, Suite 590, San Francisco, CA 94123

415-409-3368

MarinaToothFairy.com  

chrisad

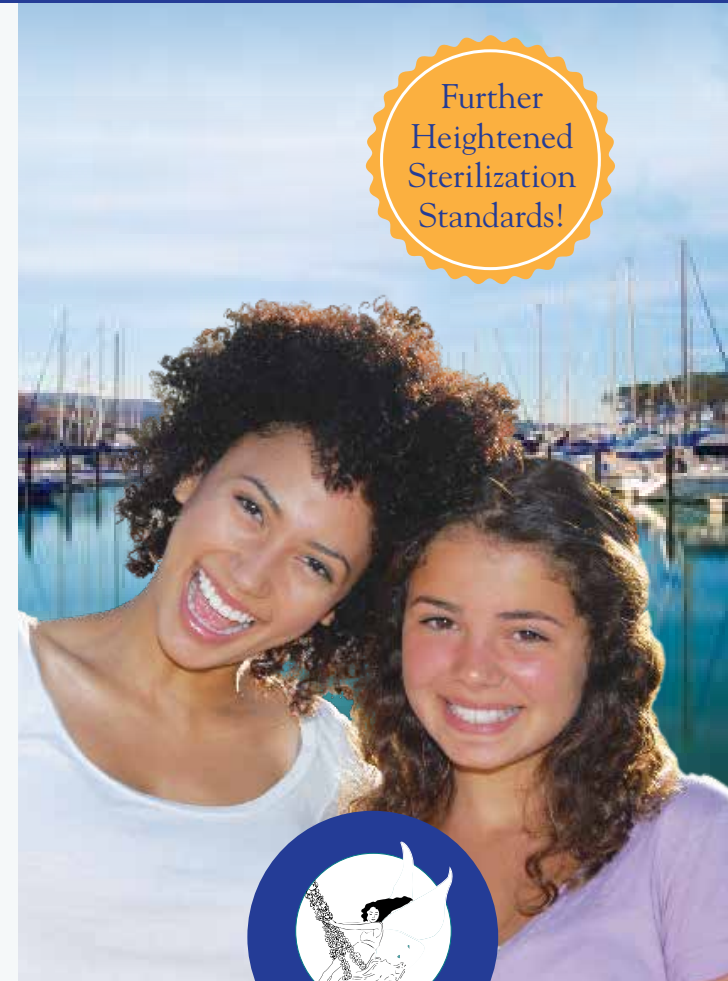
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Easy & Affordable Dental Coverage

Premiums for About \$1/day

Further
Heightened
Sterilization
Standards!



Marina Tooth Fairy Dental

Benjamin Dental Group Inc.

- 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 Marina Tooth Fairy Dental.

Low-Cost Dental Coverage

- Individual Premium ~ \$38/mo.*
- Individual & Spouse Premium ~ \$51/mo.*
- Family Plan Premium ~ \$63/mo.* (2 adults & 2 kids)
- Additional Child in Family Premium ~ \$12/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

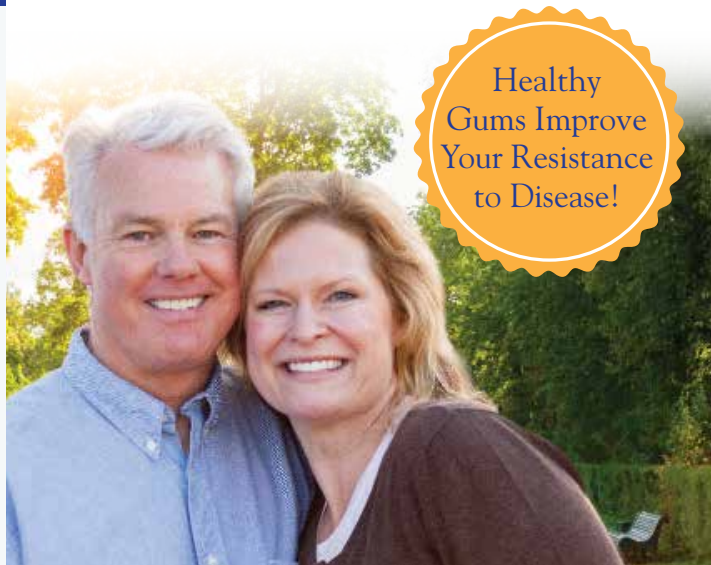
Please Inquire
About Services Not
Listed Here!

Restorative Dentistry

Dental Services	Co-payment
Filling (anterior)	\$255-\$368
Filling (posterior).....	\$288-\$395
Crown.....	\$1,165
Crown Buildup.....	\$332
Root Canal (anterior)	\$858
Root Canal (bicuspid)	\$983

Other Treatments

Dental Services	Co-payment
Sealants (per tooth).....	\$82.50
Nightguard.....	\$513
Veneer	\$1,574
Cosmetic Whitening	\$.388.50
Cosmetic Consultation	No Charge
Emergency Exam	No Charge
Deep Cleaning (per quadrant).....	\$281



Healthy
Gums Improve
Your Resistance
to Disease!

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
Marina Tooth Fairy Dental.



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Patients agree that Marina Tooth Fairy Dental 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.