Complete This Form to Begin Coverage Today

Please List All Children You Wish to Enroll:

First Name	
Middle Initial	Son / Daughter
Date of Birth	
First Name	
Last Name	
Middle Initial	Son / Daughter
Date of Birth	
First Name	
Last Name	
Middle Initial	Son / Daughter
Date of Birth	
First Name	_
Last Name	
Middle Initial	Son / Daughter
Date of Birth	

No Deductibles, Ever!



Low-Cost Dental Coverage

Premiums for Less Than \$1/day
No Deductibles, Ever!

Join Our In-House Premier Dental Coverage

- All Health Conditions Accepted
- No Maximums
- You Cannot Be Denied Coverage
- No Health Questions
- You Cannot Be Singled Out for Rate Increases or Cancellations!

Cleanings Brighten Your Smile & Help Prevent Disease!



1370 West Meeting Street, Lancaster, SC 29720 803-283-9999 • SunDentalSC.com



3420 Filbert Highway, Clover, SC 29710 803-610-0038 • CloverSmiles.com



Nobel Dental Care

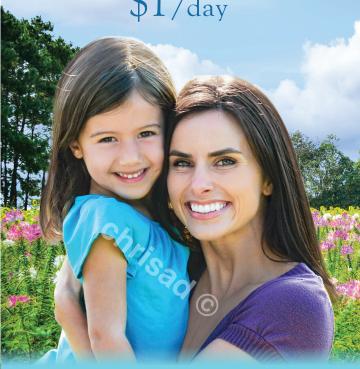
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Easy & Affordable Dental Coverage

Premiums for Less Than \$1/day



- No Deductibles, Ever!
- All Health Conditions Accepted
- No Health Questions or Hassles







Affordable Dental Coverage for the Whole Family

No Deductibles, Ever!

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 payable to Sun Dental, Clover Smiles, or Nobel Dental Care.

Low-Cost Dental Coverage

- Individual Premium ~ \$16.58/mo.*
- Additional Family Member Premium ~ \$12.42/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	\$3,090
Invisalign® (financing as low as \$99/	mo.)\$3,090
Braces Consultation	No Charge

Restorative Dentistry

Dental Services	Co-payment
Filling (one surface)	\$154
Filling (two surface)	\$212
Filling (three surface)	\$297
Filling (four surface)	\$382
Crown	\$1,274
Root Canal (anterior)	\$934
Root Canal (molar)	\$1,274
Root Planing (per quad)	\$242
Dentures (top or bottom)	\$2,125

Other Treatments

Dental Services	Co-payment
Sealants (per tooth)	\$47
Cosmetic Whitening	\$149
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 / Ma
Home Address	
City State	Zip
Phone	
Email	
Date of Birth//	-
Spouse's First Name	
Last Name	
Middle Initial	Female / Ma
Date of Birth//	_
Enrollment Period	_ to
Signature (member & spouse)	
	Date
	Date
American Express / Discover / M	
Card Number	
Expiration Date	

Make your check or money order payable to Sun Dental, Clover Smiles, or Nobel Dental Care.



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Patients agree that Sun Dental, Clover Smiles, & Nobel 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