



**East Hanover
Family Dental**

EHFD Affordable Dental Plan

Call today for more details

(973) 884-1144

Visit us on the web at

www.EastHanoverFamilyDental.com

Dental insurance can be complicated...but the **EHFD Affordable Dental Plan** isn't. There are no waiting periods, no yearly maximums, exlusions, or headaches with this offer, and patients of all ages are eligible to join for discounted dental care. Membership includes x-rays's, exams, cleanings, and other preventative services you all need to enjoy a full year of healthy theeth and excellent dental hygiene!

Our Low-cost, Co-payment Schedule

PROCEDURE	UCR FEE	EHFD Plan Fee	Discount
Deep Cleaning Per Quad	\$339	\$222	15%
One Surface Filling	\$248	\$150	15%
Crown	\$1585	\$1047	15%
Root Canal Molar	\$1439	\$1004	15%
Complete Denture	\$2233	\$1132	15%
Implant Placement	\$2675	\$1892	15%
Night Guard	\$750	\$351	15%

Ridgedale Ave, East Hanover, NJ 07936

Some of the things you can benefit from when you sign up for the **EHFD Affordable Dental Plan** are listed below. Which of these advantages would YOU enjoy the most?

Single Member:

\$400 annually (actual value \$615) plus \$150 one time enrollment fee, includes 2 cleanings, two exams, two sets of necessary x-rays. ignore bonus goodie bag with toothbrush, floss, toothpaste. **EHFD Affordable Dental Plan** offers reduced fee schedule for members.

Single member with 4 cleanings per year (periodontal maintainance):

\$600 annually (actual value \$1012) includes 4 cleanings, two exams, two sets of necessary xrays. Bonus goodie bag with toothbrush, floss, toothpaste. **EHFD Affordable Dental Plan** offers reduced fee schedule for members.

Summary of benefits for EHFD plan are as follows

PROCEDURE	DISCOUNTS
Check-up Exam	100%
X-rays	100%
Cleaning	100%
Basic	15%
Major	15%

- Basic services are white composite fillings deep cleanings and root canals.
- Major services are extractions crowns bridges implants orthodontics.
- Cosmetic procedures such as whitening do not qualify for discount.

I have read the above terms, and I have had an opportunity to ask questions. I understand and agree to the terms specified above and wish to participate.
Party

Signature of Patient, Guardian or Responsible Party

_ Date

_ Name of Patient, Guardian or Responsible