

# Please List All Unmarried Children Up to Age 21

Please Fill Out & Send This Form in Today to Begin Coverage!

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 \_\_\_\_\_
5. Child's First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Son / Daughter  
Date of Birth \_\_\_\_\_

Our Affordable Coverage Includes the Following Services at No Charge:

- Comprehensive Exam (once every six months)
- X-Rays (once every 12 months)
- Fluoride Treatment for Children (under the age of 18, once every six months)
- Cleaning (Prophylaxis) (once every six months)



## Low-Cost Dental Coverage

As Low as \$32/mo.

Our office is located near the corner of Egg Harbor & Greentree roads, next to Investors Bank.



## Enroll Today!

### Join Connolly Family Dentistry's In-House Premier Dental Coverage

It's a discounted fee schedule for most services, only good at Connolly Family Dentistry. You save on everything from cleanings & fillings to cosmetic procedures & crowns!

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



Christopher J. Connolly, DMD, PA

379 Egg Harbor Road, Sewell, NJ 08080

856-582-0090

DrCJConnolly.com

As Low as \$32/mo.

# Affordable Dental Coverage

For You & Your Entire Family



Christopher J. Connolly, DMD, PA

We're Making Excellence in Dentistry Affordable for You!

# Low-Cost Dental Coverage

Now you can join our low-cost dental coverage for a nominal membership fee. 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 enrollment form & return it with your check, money order or credit card information. Please make check or money orders payable to Connolly Family Dentistry.

## Low-Cost Dental Coverage

- Individual ~ \$384/yr.\*
- Individual & Spouse ~ \$720/yr.\*
- Additional Family Members (for each additional member):  
 Age 3–10 years old ~ \$246/yr.\*  
 Age 11–21 years old ~ \$292/yr.\*

\*Annual membership fee due at the time of registration.

## Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Examination . . . . .	No Charge . . . . .	\$116
X-Rays (2 Bitewings) . . . . . (every 12 months)	No Charge . . . . .	\$77
Adult Cleaning . . . . . (every six months)	No Charge . . . . .	\$118
Children's Cleaning . . . . . (every six months)	No Charge . . . . .	\$85
Fluoride Treatment . . . . . for Children (every six months)	\$.39 . . . . .	\$49

## Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
1+ Surface Fillings . . . . .	\$193. . . . .	\$227
2+ Surface Fillings . . . . .	\$240 . . . . .	\$282
3+ Surface Fillings . . . . .	\$303 . . . . .	\$356
4+ Surface Fillings . . . . .	\$335. . . . .	\$394
PFM Crown . . . . .	\$.1,147 . . . . .	\$.1,349

## Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Periodontal Maintenance . . . . . (gum treatment)	\$149 . . . . .	\$176
Root Planing . . . . .	\$265 . . . . .	\$312

## Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Cosmetic Consultation . . . . .	\$.99 . . . . .	\$150
Cosmetic Whitening . . . . .	\$399 . . . . .	\$500
Emergency Exam . . . . .	\$.65 . . . . .	\$105
Sealants (per tooth) . . . . .	\$.56 . . . . .	\$66
Nightguard . . . . .	\$.549 . . . . .	\$650

## Please Inquire About Services Not Listed Here!

All listed service fees are subject to change without notice.

## Please Fill out & Send This Form in Today to Begin Coverage!

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Middle Initial \_\_\_\_\_ Female / Male

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ S.S.# \_\_\_\_-\_\_\_\_-\_\_\_\_

Spouse First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Middle Initial \_\_\_\_\_ Female / Male

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ S.S.# \_\_\_\_-\_\_\_\_-\_\_\_\_

Enrollment Period \_\_\_\_\_ to \_\_\_\_\_

Signature (member & spouse) \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Discover / MasterCard / Visa

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Make check payable to Connolly Family Dentistry.



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Patients agree that Connolly Family Dentistry fees 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 fees 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.

