

# 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 \_\_\_\_\_

Our Affordable Coverage Includes the Following Services at No Charge:

- Exams
- X-rays
- Fluoride for Children (under the age of 18, twice per year)
- Cleanings (twice per year)



## Low-Cost Dental Coverage

Less Than \$1/day  
Includes two FREE cleanings!

## Enroll Today!

Join Lakeview Dental Care's In-House Premier Dental Coverage

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



LAKEVIEW DENTAL CARE

of

Cherry Hill • Gibbsboro • Linwood  
Runnemede • Haddon Heights

1-855-4LAKEVIEW

LakeviewDentalCare.com

# Affordable Dental Coverage for Uninsured Patients

Less Than \$1/day  
Includes two FREE cleanings!



LAKEVIEW DENTAL CARE

We're Making Excellence in Dentistry Affordable for You!

# Affordable Dental Coverage for the Whole Family!

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 your check or money order payable to Lakeview Dental Care.

## This Plan Includes:

- 2 FREE Cleanings per Year
- FREE Exams
- FREE X-rays
- **Minimum 10% Off All Other Services**

## Three Payment Options for Our Lakeview Dental Care Coverage

1. Adults ~ \$279/yr. (Children ~ \$229/yr.)
2. Adults ~ \$249/yr. (Children ~ \$199/yr.)  
With opt-in to annual automatic renewal.
3. Adults ~ \$20.75/mo. (Children ~ \$16.58/mo.)  
Paid in 12 installments of \$20.75 & opt-in to annual automatic renewal.

## Services

Service	Co-Payment "Basic Care"	Regular Fees as High as
Exam . . . . .	No Charge!	\$.99
Full-Mouth X-rays . . . . .	No Charge!	\$186
Annual Checkup X-rays . . . . .	No Charge!	\$.74
Adult Cleaning . . . . . (twice per year)	No Charge!	\$125
Children's Cleaning . . . . . (twice per year)	No Charge!	\$.97
Fluoride Treatment . . . . . for Children (Under the age of 18, twice per year)	No Charge!	\$.51
Consultation . . . . .	No Charge!	\$101
Additional Cleaning . . . . .	\$99 (20% Off!)	\$125
Invisalign® . . . . .	\$5,399 (10% Off!)	\$5,999
Periodontal Maintenance . . . . .	\$99 (42% Off!)	\$171
Under the Gums Cleaning . . . . . (1/4 mouth)	\$99 (68% Off!)	\$316
In-Office Whitening . . . . .	\$299 (25% Off!)	\$399
Night Guard . . . . .	\$495 (10% Off!)	\$550

Minimum 10% Off All Regular Fees. 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 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 \_\_\_\_\_

Payment Option 1  Payment Option 2  Payment Option 3

Make your check or money order payable to **Lakeview Dental Care.**



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Patients agree that Lakeview Dental Care 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. Some specialist services not included. 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. Owned & Operated by Drs. Eric Forte & Jonathan Hill. Images may or may not portray actual patients or treatment results. Members who wish to terminate plan must give 30 days notice. Plan must be paid in full before canceling for the current year if any benefits were used.

