

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 as Low as \$19/mo.

Enroll Today!

Join Rotem Dental Care's In-House Premier 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.



Rotem Dental Care
EXCEPTIONAL CARE FOR EXCEPTIONAL PEOPLE

180 Route 37 West, Toms River, NJ 08755

732-903-4400

RotemDentalCare.com    

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Easy & Affordable Dental Coverage



Premiums
as Low as
\$19/mo.



Rotem Dental Care
EXCEPTIONAL CARE FOR EXCEPTIONAL PEOPLE

- 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 Rotem Dental Care.

Low-Cost Dental Coverage

- Individual Premium ~ \$19/mo.*
- Individual & Spouse Premium ~ \$17/mo.*
- Family Plan Premium (2 adults & 2 kids) ~ \$15/mo.*
- Additional Child in Family Premium ~ \$12/mo.*

* Prices shown are per person. Monthly payment plan is available to patients providing direct deposit or credit card access.

If IDP membership is cancelled prior to being paid in full, any discounts received through the membership will be void. Patient will be responsible for the charges.

Preventive Dentistry

Dental Services	Co-payment	Regular Fee as High as
Examination	No Charge	\$70
Adult Cleaning (twice per year)	No Charge	\$146
Kid's Cleaning (twice per year)	No Charge	\$109
X-Rays (every 6 months)	No Charge	\$110
Kid's Fluoride Treatment (twice per year)	No Charge	\$46

Please Inquire About Services Not Listed Here!

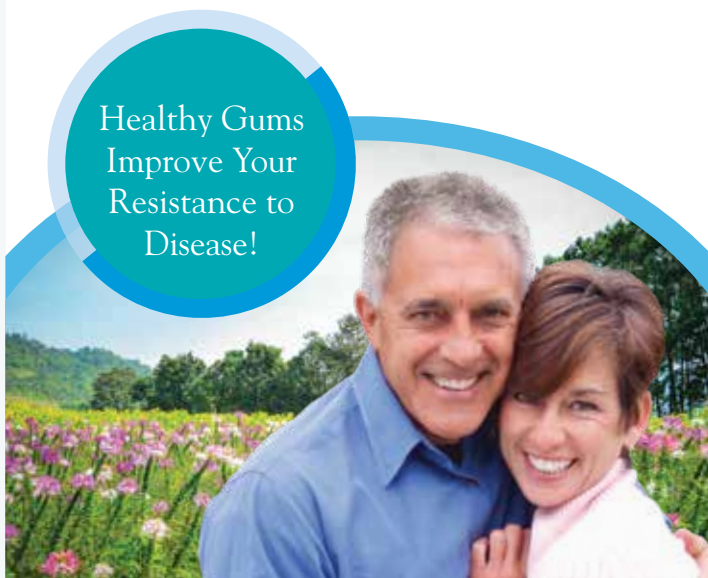
Restorative Dentistry

Dental Services	Co-payment	Regular Fee as High as
Filling	\$250	\$295-\$400
Crown	\$1,288	\$1,600
Root Canal (anterior or molar)	\$828	\$1,010-\$1,255
Dentures (top or bottom)	\$2,576	\$2,800
Porcelain Veneers	\$1,288	\$1,600

Other Treatments

Dental Services	Co-payment	Regular Fee as High as
Sealants (per tooth)	\$35	\$75
Nightguard	\$732	\$850
Cosmetic Whitening	\$300	\$600
Cosmetic Consultation	No Charge	\$75
Emergency Exam	No Charge	\$65
Implant Consultation	No Charge	\$75

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
Rotem Dental Care.



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RotemDentalCare.com    

Patients agree that Rotem 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 initial enrollment. Membership renews automatically unless member formally requests otherwise in advance. If IDP membership is cancelled prior to being paid in full, any discounts received through the membership will be void. Patient will be responsible for the charges.