

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:

- Comprehensive Exam (once every 6 months)
- X-Rays (once every 12 months)
- Fluoride Treatment for Children (under the age of 18, once every 6 months)
- Cleaning (Prophylaxis) (once every 6 months)

Low-Cost Dental Coverage As Low as \$336/yr.

We are located on Racine Drive next to the Blue Moon Gallery.



Enroll Today!

Join Racine 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!



racine
dental
care

215 Racine Drive, Suite 102, Wilmington, NC 28403

910-332-0687

RacineDentalCare.com 

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Affordable Dental Coverage

As Low as \$336/yr.



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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 Racine Dental Care.

Low-Cost Dental Coverage

- Individual ~ \$336/yr.
- Individual & Spouse ~ \$464/yr.
- Family Plan ~ \$550/yr. (two adults & two kids)
- Additional Child in Family ~ \$50/yr.

Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Examination	No Charge	\$57
X-Rays (every 12 months)	No Charge	\$82
Adult Cleaning (every 6 months)	No Charge	\$82
Children's Cleaning (every 6 months)	No Charge	\$82
Fluoride Treatment for Children (every 6 months)	No Charge	\$20

Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Fillings	\$150-\$425	\$350-\$550
Crown	\$850	\$1,002
Denture (Top or Bottom)	\$850-\$1,000	\$1,002-\$1,200

Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Emergency Exam	No Charge	\$100
Sealants (per tooth)	\$20	\$51
Sealants	\$200	\$450
Nightguard	\$120	\$127
Cosmetic Whitening	\$199	\$550
Cosmetic Consultation	No Charge	\$95

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 _____

Make your check or money order payable to Racine Dental Care.



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Patients agree that Racine 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. 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.