

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 for Less Than \$17/mo.

Enroll Today!

Join Bancroft 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.



BANCROFT
Dental Care

680 Bancroft Avenue, San Leandro, CA 94577

510-569-0218

BancroftDentalCare.com

Easy & Affordable Dental Coverage

Premiums for Less Than \$17/mo.



BANCROFT
Dental Care



- 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 Bancroft Dental Care.

Low-Cost Dental Coverage

- Individual Premium ~ \$199/year*
- Individual & Spouse Premium ~ \$349/year*
- Family Premium (up to four members) ~ \$499/year*
- Each Additional Child Premium ~ \$89/year*

* Monthly payment plans are available to patients providing direct-deposit or credit card access.

Please Inquire About Services
Not Listed Here!

Preventive Dentistry

| Dental Services | Co-payment |
|--|------------------------|
| Examination..... | No Charge |
| Adult Cleaning (twice per year)..... | No Charge |
| Kid's Cleaning (twice per year)..... | No Charge |
| X-Rays (every 12 months)..... | No Charge |
| Kid's Fluoride Treatment (twice per year)..... | No Charge (18 & under) |

Fillings

| Dental Service | Co-payment |
|----------------|------------|
| Filling..... | \$154 |

Root Canals

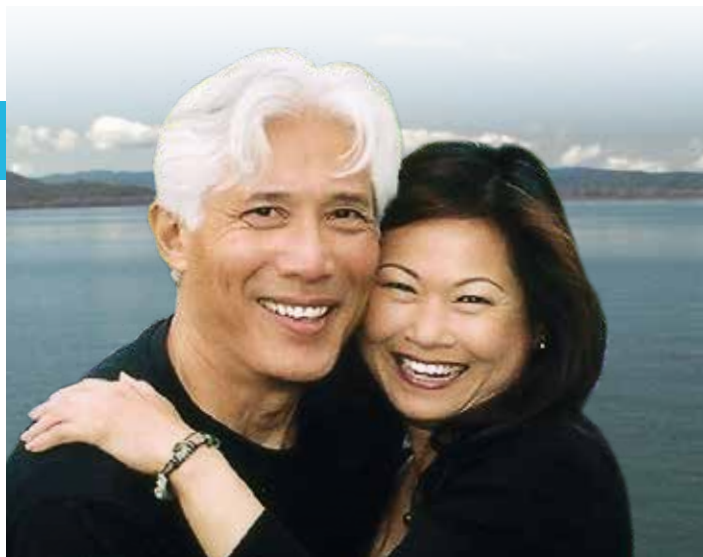
| Dental Service | Co-payment |
|-----------------|------------|
| Root Canal..... | \$1,025 |

Crowns

| Dental Service | Co-payment |
|----------------|------------|
| Crown..... | \$851 |

Cosmetic Dentistry

| Dental Services | Co-payment |
|----------------------------|------------|
| Cosmetic Whitening..... | \$468 |
| Cosmetic Consultation..... | No Charge |



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
Bancroft Dental Care.



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Dental Care

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BancroftDentalCare.com

Patients agree that Bancroft 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. Only current offers will be covered. Discounts do not include removable dentures of any kind, any implants or implant-related surgeries, surgical extractions of any kind, periodontic surgery, orthodontic treatment of any kind. Endodontic discounts limited to endodontic treatments not performed by an endodontist. 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. Updated May, 2021.