

# Please List All Unmarried Children Up to Age 20

Fill out & send this form in today to start saving!

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 Plan 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, twice per calendar year)



# Trusted, Comfortable Dental Excellence

As Low as  
\$16.58/mo.

## Enroll Today!

### Join Bancroft Dental Care's In-House Premier Dental Plan

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



BANCROFT  
*Dental Care*

680 Bancroft Avenue, San Leandro, CA 94577

We cordially invite you to call  
**(510) 569-0218**

Visit us online at  
[www.BancroftDentalCare.com](http://www.BancroftDentalCare.com)

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We are conveniently located on the corner of Bancroft Avenue & Oakes Boulevard.



As Low as  
\$16.58/mo.

# Affordable Individual & Family Dental Plan



BANCROFT  
*Dental Care*

We're Making Excellence in Dentistry Affordable for You!

# Low-Cost Individual Dental Plan!

Now you can join our low-cost dental plan for a nominal membership fee. Our plan 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 checks or money orders payable to Bancroft Dental Care.

## Low-Cost Dental Plans

- Individual ~ \$199/year\*
- Individual & Spouse ~ \$349/year\*
- Family Up to Four ~ \$499/year\*
- Each Additional Child ~ \$89/year\*

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

## Preventive Dental Care

Service	Co-Payment (as low as)	Regular Fees* (as much as)
Examination	No Charge	\$38
X-Rays (every 12 months)	No Charge	\$101
Adult Cleaning (every 6 months)	No Charge	\$100
Fluoride Treatment for Children (18 & under)	No Charge	\$34

## Fillings

Service	Co-Payment (as low as)	Regular Fees* (as much as)
Filling	\$154	\$401

## Root Canals

Service	Co-Payment (as low as)	Regular Fees* (as much as)
Root Canal	\$1,025	\$1,310

## Crowns

Service	Co-Payment (as low as)	Regular Fees* (as much as)
Crown	\$851	\$1,404

## Orthodontics

Service	Co-Payment (as low as)	Regular Fees* (as much as)
Invisalign®	\$3,842	\$5,929

## Cosmetic Dentistry

Service	Co-Payment (as low as)	Regular Fees* (as much as)
Cosmetic Whitening	\$468	\$550
Cosmetic Consultation	No Charge	\$95

\* Regular fees are based on ideal treatment & co-payments are based on basic care.

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 \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Spouse First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Middle Initial \_\_\_\_\_ Female / Male  
 Enrollment Period \_\_\_\_\_ to \_\_\_\_\_  
 Signature (member & spouse) \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_  
 MasterCard / Visa / Discover / American Express  
 Card Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_

Make check payable to Bancroft Dental Care.



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We cordially invite you to call  
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Visit us online at [www.BancroftDentalCare.com](http://www.BancroftDentalCare.com)

Patients agree that Bancroft 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. Plan 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.

Please ask us for additional services & discounts not listed here.