

Please List All Unmarried Children Up to Age 20

Please Fill Out & Send This Form in Today to Begin Coverage!

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 Affordable Coverage Includes the Following Services at No Charge:

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



Low-Cost Dental Coverage

As Low as \$249/yr.

We are located across from Suncrest Town Center at Route 705 & Stewartstown Road.

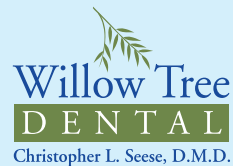


Enroll Today!

Join Willow Tree Dental's In-House Premier Dental Coverage

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

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



Christopher L. Seese, D.M.D.

5000 Hampton Center, Suite 2
Morgantown, WV 26505

304-598-0400

www.WillowTreeDentalWV.com

As Low as
\$249/yr.

Affordable Dental Coverage For You & Your Entire Family



Christopher L. Seese, D.M.D.

We're Making Excellence in
Dentistry Affordable for You!

Low-Cost Dental Coverage

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 check or money orders payable to Willow Tree Dental.

Low-Cost Dental Coverage

- Individual ~ \$249/yr.
- Individual & Spouse ~ \$449/yr.
- Family Plan ~ \$549/yr. (two adults & two kids)
- Additional Child in Family ~ \$129/yr.

Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Examination.....	No Charge	\$77
X-Rays (every 12 months)	No Charge	\$59
Adult Cleaning	No Charge	\$80 (every six months)
Children's Cleaning.....	No Charge	\$56 (every six months)
Fluoride Treatment	\$27	\$34 for Children (every six months)

Orthodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Invisalign®	\$4,116	\$5,145 (Financing available)
Nightguard.....	\$291	\$364

Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Filling (one surface)	\$132	\$166
Filling (two surfaces)	\$159	\$199
Filling (three surfaces)	\$197	\$247
Porcelain Crown	\$799	\$1,004

Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Periodontal Maintenance	\$68	\$85 (gum treatment)
Scaling/Root Planing.....	\$148	\$185 (gum treatment, per quadrant)

Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Cosmetic Consultation	No Charge	\$109
Cosmetic Whitening.....	\$465	\$582
Emergency Exam	\$55	\$69
Sealants (per tooth).....	\$36	\$46
Extraction.....	\$192	\$241

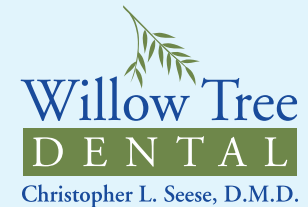
Please Inquire About Services Not Listed Here!

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 _____
 Email _____
 Date of Birth ____/____/____ S.S.# ____-____-____
 Spouse First Name _____
 Last Name _____
 Middle Initial _____ Female / Male
 Date of Birth ____/____/____ S.S.# ____-____-____
 Enrollment Period _____ to _____
 Signature (member & spouse) _____
 _____ Date _____
 _____ Date _____
 American Express / Discover / MasterCard / Visa
 Card Number _____
 Expiration Date _____

Make check payable to Willow Tree Dental.



5000 Hampton Center, Suite 2, Morgantown, WV 26505

304-598-0400

www.WillowTreeDentalWV.com

Patients agree that Willow Tree Dental 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.