

# Our Affordable Coverage Includes the Following Services at No Charge:

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



We are located on Vista Springs Boulevard,  
north of 30 Mile Road.

## Enroll Today!

Join Northstar Family Dentistry's  
In-House Premier Dental Coverage

- All Health Conditions Accepted!
- You Cannot Be Denied Coverage!
- No Deductibles!
- No Health Questions!

**NORTHSTAR**  
Family Dentistry

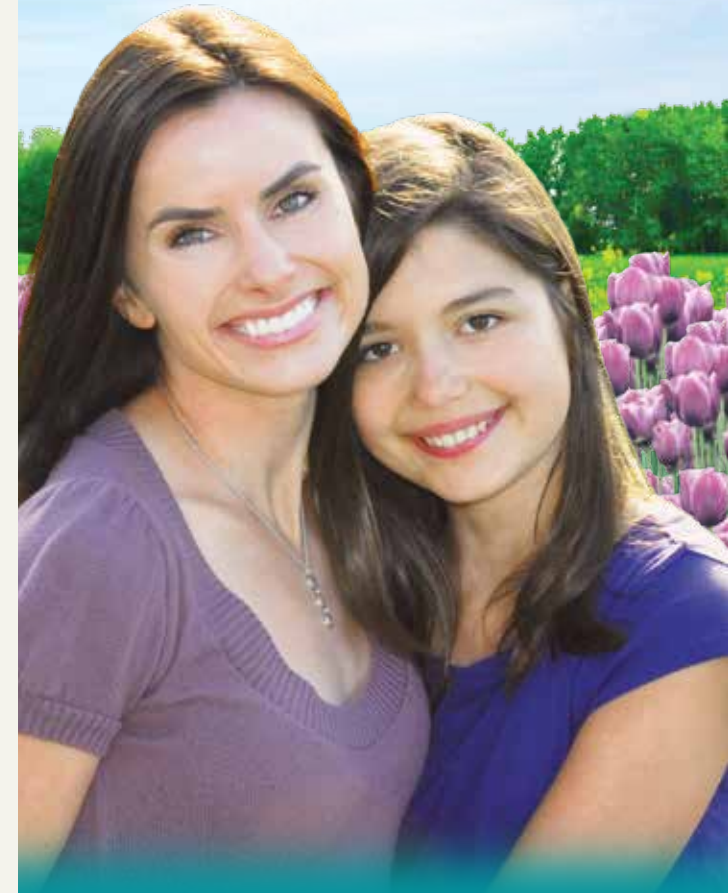
11899 Vista Springs Boulevard  
Washington, MI 48095

**586-752-6596**

[NorthstarFamilyDentistry.com](http://NorthstarFamilyDentistry.com)

# Easy & Affordable Dental Coverage

**NORTHSTAR**  
Family Dentistry



- 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 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 order payable to Northstar Family Dentistry.

## Low-Cost Dental Coverage

- Individual Premium ~ \$270/year
- Individual & Spouse Premium ~ \$510/year
- Additional Family Members Premium ~ \$230/year

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Patients agree that Northstar Family Dentistry 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.

## Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Examination.....	No Charge	\$99
X-Rays (every 12 months) .....	No Charge	\$143
4 Bitewing X-Rays .....	No Charge	\$83 (every 12 months)
Adult Cleaning .....	No Charge	\$99 (every six months)

## Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Emergency Exam .....	\$77	\$96

## Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
1-Surface Filling .....	\$184	\$230
2-Surface Fillings .....	\$220	\$275
3-Surface Fillings .....	\$255	\$319
4-Surface Fillings .....	\$308	\$385
Crown .....	\$1,012	\$1,265
Crown Buildup .....	\$264	\$330
Root Canal–Anterior .....	\$660	\$825
Root Canal–Molar .....	\$872	\$1,090
Denture–Top .....	\$1,452	\$1,815
Denture–Bottom .....	\$1,452	\$1,815

Please Inquire About  
Services Not Listed Here!

