

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 Plan Includes the Following Services at No Charge:

- Comprehensive Exam
(Once every 6 months)
- X-Rays (Once every 12 months)
- Cleaning (Prophylaxis)
(Once every 6 months, twice per calendar year)
- Fluoride Treatment for Children
(Under the age of 18, once every 6 months)

- Co-payments must be paid at the time of service.
- Any service not paid for at the time of service will be billed at usual & customary fees.
- Valid for one year from date of sign-up.

Trusted, Comfortable
Dental Excellence



We are located near the Walt Whitman Shops.

Start Saving Today!

Join Gress Dental Excellence's In-House Premier Dental Plan

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



3 Leefield Gate, Melville, NY 11747

631-427-6104

GressDental.com

chrisad ID# 4823 copyright © May 2021 chrisad, Inc., marin co., ca all rights reserved. #74107 

As Low as
\$309/yr.

As Low as
\$309/yr.

Affordable Dental Coverage

For You & Your Entire Family



We're Making Excellence in
Dentistry Affordable for You!

Low-Cost Individual Dental Coverage

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 Progressive Dentistry.

Low-Cost Dental Plans

- Individual ~ \$309/yr.*
- Individual & Spouse ~ \$409/yr.*
- Family Plan ~ \$509/yr.* (two adults & two kids)
- Additional Child in Family ~ \$99/yr.*

Patients agree that Gress Dental Excellence 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.

Initial _____

Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Examination.....	No Charge	\$85
X-Rays (every 12 months)	No Charge	\$125
Adult Cleaning (every six months)	No Charge	\$185
Children's Cleaning..... (every six months)	No Charge	\$125
Fluoride Treatment/Varnish.....	No Charge	\$75

Plenty of Evening & Saturday Appointments Available!

Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Filling (one surface)	\$172	\$245
Filling (two surfaces)	\$209	\$298
Filling (three surfaces)	\$258	\$368
Filling (four surfaces)	\$301	\$429
Porcelain Crown	\$1,250	\$1,625
Post & Core	\$500	\$750
Core Build Up	\$348	\$500

Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Soft-Tissue Management	\$175	\$250 (per quadrant)
Laser Treatment	\$89	\$125
Periodontal Maintenance	\$128	\$175
Debridement	\$128	\$175

Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Cosmetic Consultation	\$95	\$250
Cosmetic Whitening	\$350	\$455
Emergency Exam	\$95	\$150
Sealants (per tooth)	\$95	\$125
Nightguard	\$450	\$585
TMJ Appliance	\$1,750	\$2,275 (with three months 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 _____
 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 _____
 Mastercard / Visa / Discover / American Express
 Card Number _____
 Expiration Date _____

Make check payable to Progressive Dentistry.



3 Leefield Gate, Melville, NY 11747
 631-427-6104
 GressDental.com

Refer a Friend & Get \$50 Towards Your Next Visit!