

Our Basic Plan

For an annual membership fee of just **\$120 (\$100** for a child **under age 15**), you can begin immediate coverage under our *Basic Plan*. By signing up today, you will enjoy **discounts of up to 50%** on routine preventive care and **up to 20%** on all other services provided by Dr. Kern.

Our Premier Plan

For an annual membership fee of **\$300 (\$280** for a child **under age 15**), you can begin immediate coverage under our *Premier Plan*. Sign up today for **free** routine preventive care (two examinations, two cleanings, a set of four x-rays, and a fluoride treatment per enrollment period), and a **discount of up to 25%** on all other services provided by Dr. Kern.

Either Plan

- No deductibles, no maximums, and no waiting periods.
- Only services provided by Dr. Kern are covered; no coverage for services referred to or performed by any dentist outside of this office.
- Co-payments must be paid at the time of service, or services will be billed at non-discounted fees.
- Coverage continues for one year from the date of sign up.

To begin coverage, simply fill out the enrollment form and return it along with the annual fee. If you would like to spread your payment over time, you can do so using CareCredit. If you do not have a CareCredit account, we will be happy to assist you in opening one.

Lawrence M. Kern, D.D.S.
665 High Street
Burlington, NJ 08016

lmk
D.D.S.

Start Saving Today

Now you can join one of our low cost in-house dental plans for a nominal annual fee. Our **Basic Plan** offers a discounted fee schedule for all services performed in our office. Our **Premier Plan** offers preventive care at no cost and all other offered services at an even greater discounted rate.

lmk
D.D.S.

609 • 386 • 2324

lmkern@comcast.net

lawrencekerndds.com

Lawrence M. Kern D.D.S.

Enrollment Form

Name: _____

Address: _____

Email: _____

Phone

Home: _____

Work: _____

Cell: _____

Plan Selected

_____ Basic _____ Adult
_____ Premier _____ Child

Payment

_____ Cash:
_____ Check
_____ Visa/MasterCard/Discover

Card Number _____

Expiration Date _____

Security Code _____

_____ CareCredit

Account Number _____

Enrollment Period: _____ to _____

Signature: _____

Basic Plan:

Adult: **\$120/yr**, Child: **\$100/yr**

Premier Plan:

Adult: **\$300/yr**, Child: **\$280/yr**

BASIC PLAN FEE SCHEDULE

Preventive Dental Care*

| Service | Fees | |
|--------------------|-------|--------------------------------|
| | Basic | Regular <i>(as much as)</i> |
| Routine Exam | \$30. | \$60. |
| X-Rays | \$48. | \$95. |
| Adult Cleaning | \$45. | \$90. |
| Child Cleaning | \$28. | \$55. |
| Fluoride Treatment | \$18. | \$35. |

Basic Dental Care

| | | |
|---------------------|--------|--------|
| Filling - 1 Surface | | |
| • Amalgam (silver) | \$92. | \$115. |
| • Composite (white) | \$108. | \$135. |
| Filling - 2 Surface | | |
| • Amalgam (silver) | \$120. | \$150. |
| • Composite (white) | \$140. | \$175. |
| Filling - 3 Surface | | |
| • Amalgam (silver) | \$144. | \$180. |
| • Composite (white) | \$172. | \$215. |
| Extraction | \$100. | \$125. |

Major Dental Care

| | | |
|-----------------|---------|---------|
| Porcelain Crown | \$760. | \$950. |
| Upper Denture | \$1080. | \$1350. |
| Lower Denture | \$1080. | \$1350. |

**PLEASE ASK US ABOUT SERVICES
AND DISCOUNTS NOT LISTED**

PREMIER PLAN FEE SCHEDULE

Preventive Dental Care*

| Service | Fees | |
|--------------------|---------|--------------------------------|
| | Premier | Regular <i>(as much as)</i> |
| Routine Exam | \$0. | \$60. |
| X-Rays | \$0. | \$95. |
| Adult Cleaning | \$0. | \$90. |
| Child Cleaning | \$0. | \$55. |
| Fluoride Treatment | \$0. | \$35. |

Basic Dental Care

| | | |
|---------------------|--------|--------|
| Filling - 1 Surface | | |
| • Amalgam (silver) | \$87. | \$115. |
| • Composite (white) | \$102. | \$135. |
| Filling - 2 Surface | | |
| • Amalgam (silver) | \$113. | \$150. |
| • Composite (white) | \$132. | \$175. |
| Filling - 3 Surface | | |
| • Amalgam (silver) | \$135. | \$180. |
| • Composite (white) | \$162. | \$215. |
| Extraction | \$94. | \$125. |

Major Dental Care

| | | |
|-----------------|---------|---------|
| Porcelain Crown | \$713. | \$950. |
| Upper Denture | \$1013. | \$1350. |
| Lower Denture | \$1013. | \$1350. |

* Includes 2 exams, 2 cleanings, a routine set of 4 x-rays, and 1 fluoride treatment per plan year.