

Welcome to Our Office!

Join Faulk Dental Associates'
In-House Premier Smile Plan

This is not insurance, but a smarter way to save you money through a discounted fee schedule for services, only good at Faulk Dental Associates. You save on everything from gum therapy and fillings to cosmetic procedures and crowns!

Start Saving Today!

Co-Payment 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 15, once every 6 months)
- Home Care Kit

**Our Dental Care
Will Save Your
Teeth...& Your Money!**



Trusted, Comfortable Dental Excellence



We are conveniently located in the Pikesville business district, on Walker Avenue off Reisterstown Road.
Call today for your appointment.



31 Walker Avenue, Suite 110
Pikesville, MD 21208

Call today for more details
(410) 486-2603

Visit us on the Web at
www.BaltimoreCosmeticDental.com



Affordable Supplemental Smile Plan

For You and Your Entire Family



We're Making Exceptional
Dentistry Affordable for You!





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Now you can participate in our low-cost smile plan for a nominal membership fee. This investment entitles you to preventative dental care at no cost! Restorative services are available at 20% off. Our professional staff is qualified to care for all of your dental needs!

Enrollment is simple, just fill out the enclosed enrollment form and return it with your check, money order, or credit card information. Please make checks or money orders payable to Faulk Dental Associates.

- Co-payment must be paid at the time of service to receive discounted fees.
- Any service not paid at the time of service will be billed at the usual, customary and reasonable rate.
- Membership is valid for one year from date of sign up.
- This is not an insurance plan.

Start Smiling...Save Today!

Please Fill Out & Send This Form in Today to Start Saving!

First Name _____
Last Name _____
Middle Initial _____ Male / Female
Home Address _____

City _____ State _____ Zip _____
Phone _____
Date of Birth ____/____/____
SS# _____-_____-_____

Spouse First Name _____
Last Name _____
Middle Initial _____ Male / Female
Date of Birth ____/____/____
SS# _____-_____-_____
Enrollment Period _____ to _____

Signature (member and spouse)
_____ date _____
_____ date _____

Mastercard / Visa / Discover
Card Number _____
Expiration Date _____

Make check payable to Faulk Dental Associates



Low-Cost Smile Plan

- Individual - \$299/year
- Additional Family Member - \$249/year
- Children under age 15 - \$199/year



Please List All Unmarried Children Up to Age 15

Fill out and 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 ____/____/____

