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)
- 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)



Low-Cost Dental Coverage As Low as \$22/mo.

Our office is located on the corner of Reseda Boulevard & Burbank Boulevard, across from the Mobil gas station.



ENROLL TODAY!

Join Tarzana Smiles' In-House Premier Dental Coverage

It's a discounted fee schedule for most services, only good at Tarzana Smiles. You save on everything from cleanings \mathcal{E} fillings to cosmetic procedures \mathcal{E} 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!



18455 Burbank Boulevard Suite 401 Tarzana, CA 91356

(818) 343-0013

www.TarzanaSmiles.com



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AFFORDABLE DENTAL COVERAGE

For You & Your Entire Family





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 ${\cal S}$ return it with your credit card information.

Low-Cost Dental Coverage

- Individual ~ \$22/mo.*
- Individual & Spouse ~ \$28.99/mo.*
- Family Plan ~ \$44.99/mo.* (two adults & two kids)
- Additional Child in Family ~ \$8.99/mo.*

*Monthly payment plan is available to patients providing direct deposit or credit card access.

Preventive Dentistry

| Service | Co-Payment "Basic Care" | Regular Fees as High as |
|--|----------------------------|----------------------------|
| Examination | . No Charge | \$95 |
| X-Rays (every 12 months) | . No Charge | \$150 |
| 4 Bitewing X-Rays | . No Charge | \$85 |
| Adult Cleaning | . No Charge | \$1 5 5 |
| Children's Cleaning (every six months) | No Charge | \$85 |
| Fluoride Treatment | . No Charge | \$60 |
| | | |

Periodontics

| Service | Co-Payment "Basic Care" | Regular Fees as High as |
|---------------------------------------|----------------------------|----------------------------|
| Soft Tissue Management (per quadrant) | \$200 | \$300 |

Restorative Dentistry

| Service | Co-Payment "Basic Care" | Regular Fees as High as |
|-------------------------------|----------------------------|----------------------------|
| 1 Surface Filling | \$195 | \$225 |
| 2 Surface Filling | \$205 | \$295 |
| 3 Surface Filling | \$215 | \$320 |
| 4 Surface Filling | \$225 | \$325 |
| Crown | \$750 | \$1,150 |
| Crown Buildup | \$238 | \$300 |
| Root Canal Therapy (anterior) | \$613 | \$800 |
| Root Canal Therapy (molar) | \$817 | \$1,075 |
| Denture | \$1,307 | \$1,725 |
| Extraction | \$250 | \$350 |

Orthodontics

| Service | Co-Payment "Basic Care" | Regular Fees as High as |
|-------------|----------------------------|----------------------------|
| Invisalign® | \$4,500 | \$7,000 |
| Nightguard | \$450 | \$650 |

Other Treatments & Services

| Service | Co-Payment "Basic Care" | Regular Fees as High as |
|--------------------------|----------------------------|----------------------------|
| Emergency Exam | \$50 | \$95 |
| Sealants (per tooth) | \$40 | \$60 |
| Cosmetic Consultation | No Charge | \$100 |
| Bleach Guards & Solution | \$250 | \$400 |
| Bleaching Gel | \$25 | \$35 |
| Porcelain Veneers | \$899 | \$1,300 |

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

| Last Name | | |
|------------------------------|-------|---------------|
| Middle Initial | | Female / Male |
| Home Address | | |
| City | State | Zip |
| Phone | | |
| Email | | |
| Date of Birth | | |
| Spouse First Name | | |
| Last Name | | |
| Middle Initial | 1 | Female / Male |
| Date of Birth/ | S.S.# | |
| Enrollment Period | to | |
| Signature (member & spouse) | | Date |
| | | Date |
| Discover / MasterCard / Visa | i | |
| Card Number | | |



18455 Burbank Boulevard, Suite 401

• Tarzana •

(818) 343-0013 www.TarzanaSmiles.com

Patients agree that Tarrana Smiles 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 of customary fees. Coverage fees are valid on when paid at the time of enrollment. All family members must reside in the same household. This is no an insurance product.

