

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

# Low-Cost Dental Coverage

As Low as \$18/mo.

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



# AFFORDABLE DENTAL COVERAGE

For You & Your Entire Family

As Low as \$18/mo.

## 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 & fillings to cosmetic procedures & 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](http://www.TarzanaSmiles.com)



We're Making Excellence in Dentistry Affordable for You!



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# 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 & return it with your check, money order or credit card information. Please make check or money orders payable to Tarzana Smiles.

## Low-Cost Dental Coverage

- Individual ~ \$18/mo.\*
- Individual & Spouse ~ \$24.99/mo.\*
- Family Plan ~ \$39.99/mo.\* (two adults & two kids)
- Additional Child in Family ~ \$6.99/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 . . . . .	\$75
X-Rays (every 12 months) . . . . .	No Charge . . . . .	\$128
4 Bitewing X-Rays . . . . . (every six months)	No Charge . . . . .	\$65
Adult Cleaning . . . . . (every six months)	No Charge . . . . .	\$95
Children's Cleaning . . . . . (every six months)	No Charge . . . . .	\$78
Fluoride Treatment . . . . . for Children (every six months)	No Charge . . . . .	\$50

## Orthodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Nightguard . . . . .	\$488 . . . . .	\$650

## Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
1 Surface Filling . . . . .	\$132 . . . . .	\$175
2 Surface Filling . . . . .	\$165 . . . . .	\$220
3 Surface Filling . . . . .	\$203 . . . . .	\$270
4 Surface Filling . . . . .	\$207 . . . . .	\$275
Crown . . . . .	\$699 . . . . .	\$1,050
Crown Buildup . . . . .	\$188 . . . . .	\$250
Root Canal Therapy . . . . . (anterior)	\$563 . . . . .	\$750
Root Canal Therapy . . . . . (molar)	\$767 . . . . .	\$1,025
Denture (Top) . . . . .	\$1,257 . . . . .	\$1,675
Denture (Bottom) . . . . .	\$1,257 . . . . .	\$1,675

## Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Soft Tissue Management . . . . . (per quadrant)	\$188 . . . . .	\$250
Periodontal Maintenance . . . . . (gum treatment)	\$113 . . . . .	\$150
Periodontal Exam . . . . .	\$57 . . . . .	\$75

## Other Treatments & Services

Service	Co-Payment "Basic Care"	Regular Fees as High as
Emergency Exam . . . . .	\$49 . . . . .	\$65
Sealants (per tooth) . . . . .	\$45 . . . . .	\$60
Cosmetic Consultation . . . . .	\$38 . . . . .	\$50
External Bleaching (per tooth) . . . . .	\$188 . . . . .	\$250
Bleach Guards & Solution . . . . .	\$263 . . . . .	\$350
Bleaching Gel . . . . .	\$27 . . . . .	\$35
Porcelain Veneers . . . . .	\$799 . . . . .	\$1,200

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 \_\_\_\_\_

Email \_\_\_\_\_

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 \_\_\_\_\_

American Express / Discover / MasterCard / Visa

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Make check payable to Tarzana Smiles.



18455 Burbank Boulevard, Suite 401  
• Tarzana •

(818) 343-0013

www.TarzanaSmiles.com

Patients agree that Tarzana 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 & 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.

Please Inquire About Services Not Listed Here!

