

Complete This Form to Begin Coverage Today

Please List All Unmarried Kids Up to Age 20

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 _____

Our Affordable Coverage Includes The Following Services at No Charge:

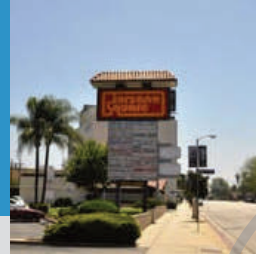
- Comprehensive Exam (once every six months)
- X-Rays (once every 12 months)
- Fluoride for Children (under the age of 18, once every six months)
- Cleaning (Prophylaxis) (once every six months)



Low-Cost Dental Coverage

As Low as **\$19.99/mo.**

We are located at the
Tarzana Square
Shopping Mall



Enroll Today!

Join SoCalSmiles Dental Office In-House Premier Dental Coverage

- All Health Conditions Accepted!
- You Cannot Be Denied Coverage!
- No Health Questions!
- You Cannot Be Singled Out for Rate Increases or Cancellations!

socalsmiles

18399 Ventura Blvd. Suite 251

Tarzana, CA 91356

T 818 345 5286

F 818 975 5083

Socalsmiles.com

Affordable Dental Coverage

For You & Your Entire Family

As Low as **\$19.99/mo.**

socalsmiles



We're Making Excellence in
Dentistry Affordable for You!

Affordable Dental Coverage for the Whole Family!

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 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 and return it with your check, money order or credit card information. Please make check or money order payable to SoCalSmiles Dental Office.

Low-Cost Dental Coverage

- Individual - \$19.99/mo.
- Individual and Spouse - \$31.99/mo.
- Family Plan - \$49.99/ mo. (two adults & two kids)

Preventive Dentistry

| Service | Co-Payment "Basic Care" | Regular Fees as High as |
|---------|----------------------------|----------------------------|
|---------|----------------------------|----------------------------|

| | | |
|--------------------------|----------------|---|
| Examination..... | No Charge..... | \$75 |
| X-Rays | No Charge..... | \$180 (every 12 months) |
| 4 Bitewing X-Rays..... | No Charge..... | \$75 (every 12 months) |
| Adult Cleaning..... | No Charge..... | \$129 (ever six months) |
| Children's Cleaning..... | No Charge..... | \$98 (every six months) |
| Fluoride Treatment..... | No Charge..... | \$57 for Children (every six months) |

Orthodontics

| Service | Co-Payment "Basic Care" | Regular Fees as High as |
|---------|----------------------------|----------------------------|
|---------|----------------------------|----------------------------|

| | | |
|------------------|--------------|----------------------------------|
| Invisalign®..... | \$4,950..... | \$6,500 (financing available) |
| Nightguard..... | \$550..... | \$675 |

Periodontics

| Service | Co-Payment "Basic Care" | Regular Fees as High as |
|---------|----------------------------|----------------------------|
|---------|----------------------------|----------------------------|

| | | |
|-------------------------------|------------|---|
| Periodontal Maintenance..... | \$95..... | \$145 (Gum Treatment following root planing and scaling) |
| Root Planing and Scaling..... | \$185..... | \$295 (per quadrant) |

Other Treatments

| Service | Co-Payment "Basic Care" | Regular Fees as High as |
|---------|----------------------------|----------------------------|
|---------|----------------------------|----------------------------|

| | | |
|----------------------------|------------|-------|
| Emergency Exam..... | \$45..... | \$75 |
| Sealant (per tooth)..... | \$35..... | \$65 |
| Cosmetic Consultation..... | \$65..... | \$229 |
| Cosmetic Whitening..... | \$399..... | \$550 |

Restorative Dentistry

| Service | Co-Payment "Basic Care" | Regular Fees as High as |
|---------|----------------------------|----------------------------|
|---------|----------------------------|----------------------------|

| | | |
|-------------------------------|--------------|---------|
| 1-Surface Filling..... | \$121..... | \$210 |
| 2-Surface Filling..... | \$167..... | \$260 |
| 3-Surface Filling..... | \$188..... | \$300 |
| 4-Surface Filling..... | \$216..... | \$350 |
| Dental implant..... | \$1,925..... | \$2,299 |
| Implant Crown..... | \$1,299..... | \$1,599 |
| Crown..... | \$869..... | \$1,295 |
| Cosmetic Crown..... | \$1,097..... | \$1,495 |
| Crown Buildup..... | \$165..... | \$230 |
| Root Canal-Anterior..... | \$949..... | \$1,199 |
| Root Canal-Molar | \$1,197..... | \$1,495 |
| Custom Abutment..... | \$450..... | \$700 |

Please Inquire About Services Not Listed Here!

Complete This Form to Begin Coverage Today!

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

City _____ State _____ Zip _____

Phone _____

Email _____

Date of Birth ____/____/____ S.S# ____-____-____

Spouse 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 or money order payable to
SoCalSmiles Dental Office

socalsmiles

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Tarzana, CA 91356

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Socalsmiles.com

Patients agree that SoCalSmiles fees started 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.