Complete This Form to Begin Coverage Today

Please List All Children You Wish to Enroll

| 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 | |

Your Safety Is Our Top Priority

We have improved our already extremely rigid sterilization standards in order to virtually eliminate the possibility of disease transmission to both staff & patients in our office.



CENTERS FOR DISEASE **CONTROL AND PREVENTION**

- The Most Advanced Antiseptic Procedures to Meet or Exceed Strict CDC Guidelines
- Heat-Sterilized Instruments & Filtered Water Lines
- Continual Disinfection of Our Office
- Knowledgeable Staff Who Care Deeply About Community Health

Low-Cost Dental Coverage

Premiums for Less Than \$1/day

Enroll Today!

Join Meadow Vista Dental Office's In-House Premier Dental Coverage

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

Healthy Gums Improve Your Overall Health

Research has linked gum disease to health problems like diabetes, heart disease, dementia & respiratory infection. Regular dental cleanings can help you stay healthy & increase your lifespan. Call today for your dental cleaning.



16401 Meadow Vista Drive, Suite 103 Pioneer, CA 95666

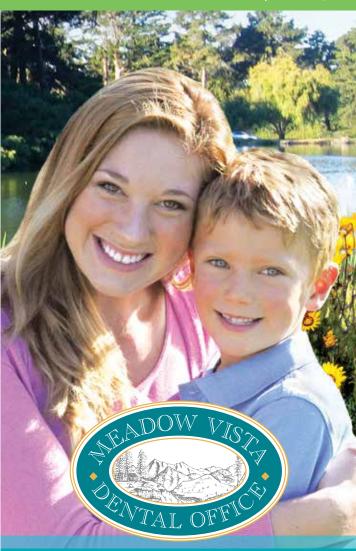
209-295-5251

MeadowVistaDental.com



Easy & Affordable Dental Coverage

Premiums for Less Than \$1/day



- All Health Conditions Accepted
- No Deductibles or Maximums
- No Health Questions or Hassles



Affordable Dental Coverage for the Whole Family!

Now you can join our low-cost dental coverage for a nominal membership premium. 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 form $\mathscr E$ return it with your check, money order or credit card information. Please make your check or money order payable to Meadow Vista Dental Office.

Low-Cost Dental Coverage

- Individual Premium ~ \$225/yr.
- Individual & Spouse Premium ~ \$439/yr.
- Family Plan Premium (2 adults & 2 kids) ~ \$676/yr.
- Additional Child in Family Premium (under 14 yrs.) ~ \$99/yr.

Please Inquire About Services Not Listed Here!

Preventive Dentistry

| Dental Services | Co-payment |
|---|------------|
| Examination | No Charge |
| Bitewing X-Rays | No Charge |
| Adult Cleaning | No Charge |
| Periodontal Cleaning | \$68 |
| Children's Cleaning Prophylaxis (every six months) | No Charge |
| Fluoride Treatment for Children (every six months, under 14 yrs.) | No Charge |
| Full-Mouth X-Rays | No Charge |
| Sealants (per tooth) | \$52 |

Fillings

| Dental Services | Co-payment |
|--|------------|
| 1 Posterior Surface(amalgam/tooth-colored) | |
| 2 Posterior Surfaces | \$192 |
| 3 Posterior Surfaces | \$204 |
| 4 Posterior Surfaces | \$217 |

Periodontics

| Dental Services | Co-payment |
|-------------------------|------------|
| Soft-Tissue Management | \$220 |
| Periodontal Maintenance | \$128 |

Complete Dentures

| Dental Services | Co-payment |
|-----------------|------------|
| Upper | |

Crowns

| Dental Services | Co-payment |
|-----------------|------------|
| Gold Crown | \$900 |
| Porcelain Crown | \$860 |

Other Treatments

| Dental Services | Co-payment |
|--------------------------|------------|
| Cosmetic Whitening | \$292 |
| Emergency Exam (limited) | \$76 |
| Simple Extraction | \$160 |
| Surgical Extraction | \$212 |

Complete This Form to Begin Coverage Today!

| First Name | |
|---|-----------------|
| Last Name | |
| Middle Initial | Female / Male |
| Home Address | |
| St | ate Zip |
| Phone | |
| Email | |
| Date of Birth/ | - |
| Spouse's First Name | |
| Last Name | |
| Middle Initial | Female / Male |
| Date of Birth/ | = |
| Enrollment Period | to |
| Signature (member & spouse) | |
| | Date |
| | Date |
| American Express / Discover / Ma | stercard / Visa |
| Card Number | |
| Expiration Date | |
| Make your check or money ord Meadow Vista Dental Office. | ler payable to |



16401 Meadow Vista Drive, Suite 103 Pioneer, CA 95666

> 209-295-5251 MeadowVistaDental.com

Patients agree that Meadow Vista Dental Office co-payments 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 premiums 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. Membership renews annually on the day & month of initial enrollment. Membership renews automatically unless member formally requests otherwise in advance.