

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

chrisad

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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 & 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 (yearly)	No Charge
Adult Cleaning Prophylaxis (every six months)	No Charge
Periodontal Cleaning (for first two periodontal cleanings, per year)	\$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)	\$164
2 Posterior Surfaces (composite/tooth-colored)	\$192
3 Posterior Surfaces (composite/tooth-colored)	\$204
4 Posterior Surfaces (composite/tooth-colored)	\$217

Periodontics

Dental Services	Co-payment
Soft-Tissue Management (per quadrant)	\$220
Periodontal Maintenance	\$128

Complete Dentures

Dental Services	Co-payment
Upper	\$1,180
Lower	\$1,180

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 _____

City _____ State _____ 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 / Mastercard / Visa

Card Number _____

Expiration Date _____

☐ Make your check or money order payable to
Meadow Vista Dental Office.



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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.