

# Please List All Unmarried Children Up to Age 20

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

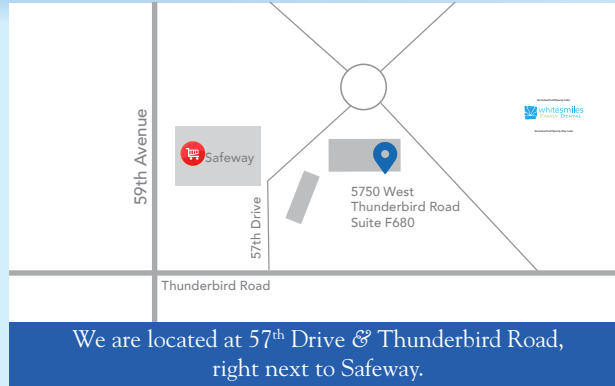
1. Child's First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Son / Daughter  
Date of Birth \_\_\_\_\_
2. Child's First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Son / Daughter  
Date of Birth \_\_\_\_\_
3. Child's First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Son / Daughter  
Date of Birth \_\_\_\_\_
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
- Fluoride Treatment
- Cleaning (Prophylaxis) (once every six months)

## Low-Cost Dental Coverage

As Low as \$18/mo.



## Enroll Today!

### Join White Smiles Family Dental's In-House Premier Dental Coverage

It's a discounted fee schedule for most services, only good at White Smiles Family Dental. 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!



5750 West Thunderbird Road, Suite F680  
Glendale, AZ 85306  
602-942-3200

WhiteSmilesFamilyDental.com

As Low as \$18/mo.

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

## Low-Cost Dental Coverage

- Adult ~ \$18/mo./\$180/yr.\*
- Children ~ \$15/mo./\$120/yr.\*

\*Monthly payment plan rate applies if paid quarterly & 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 . . . . .	\$106
X-Rays . . . . .	No Charge . . . . .	\$119
Adult Cleaning . . . . . (every six months)	No Charge . . . . .	\$106
Children's Cleaning . . . . . (every six months)	No Charge . . . . .	\$89
Fluoride Treatment . . . . .	No Charge . . . . .	\$30

Please Inquire About Services Not Listed Here!

## Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Fillings Front Teeth		
1 Surface . . . . .	\$77 . . . . .	\$129
2 Surfaces . . . . .	\$101 . . . . .	\$168
3 Surfaces . . . . .	\$119 . . . . .	\$198
4 Surfaces . . . . .	\$132 . . . . .	\$232
Fillings Back Teeth		
1 Surface . . . . .	\$111 . . . . .	\$186
2 Surfaces . . . . .	\$131 . . . . .	\$219
3 Surfaces . . . . .	\$151 . . . . .	\$252
4 Surfaces . . . . .	\$174 . . . . .	\$292
Crown . . . . .	\$683 . . . . .	\$1,043

## Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Periodontal Maintenance . . . . . (gum treatment)	\$81 . . . . .	\$134

## Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Cosmetic Consultation . . . . .	No Charge . . . . .	\$65
Cosmetic Whitening . . . . .	\$250 . . . . .	\$350
Emergency Exam . . . . .	No Charge . . . . .	\$65
Sealants (per tooth) . . . . .	\$21 . . . . .	\$51

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 White Smiles Family Dental.



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 Glendale, AZ 85306  
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WhiteSmilesFamilyDental.com

Patients agree that White Smiles Family Dental 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.