

Please List All Unmarried  
Children Up to Age 12

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 \_\_\_\_\_

Start Your Coverage Today!

- Co-payments required at time of service.
- Valid for one year from date of sign-up.
- Any service not paid for at the time of service will be billed at the standard fee.
- Cannot be combined with any other offer or discount.

Low-Cost Individual Dental Plan  
As Low as \$199/yr.

We are located on  
E. Whittier Blvd., between  
Cypress Street & Harbor Blvd.

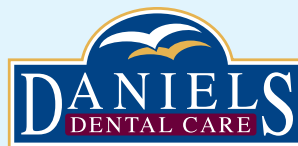
Call today for your appointment.



Enroll Today!

Low-Cost Dental Plans

- Individual ~ \$199/year (age 13 & above)
- Individual & Spouse ~ \$299/year
- Family Plan ~ \$499/year (two individuals & two children, up to age 12)
- Additional Children ~ \$69/year (up to age 12)



640 E. Whittier Blvd.  
La Habra, CA 90631

Call today for more details  
(562) 694-3660

[www.DanielsDentalCare.com](http://www.DanielsDentalCare.com)



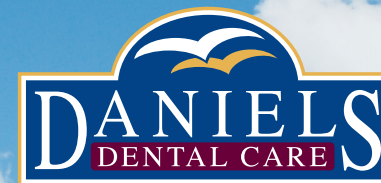
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As Low as  
\$199/yr.

Affordable  
Dental Coverage

For You & Your Entire Family



We're Making Excellence in  
Dentistry Affordable for You!

# Low-Cost Individual Dental Coverage

Now you can join our low-cost dental plan for a nominal membership fee. Our plan 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 Daniels Dental Care.

## Low-Cost Dental Plans

- Individual (13 & above) ~ \$199/yr.
- Individual & Spouse ~ \$299/yr.
- Family Plan ~ \$499/yr. (two adults & two kids up to age 12)
- Additional Child in Family ~ \$69/yr. (up to age 12)

## Preventive Dental Care

Service	Co-Payment	Standard Fee
Initial & Check-up Exams ... (two per 12-month period)	No Charge	\$46-\$99
Initial & Check-up X-Rays ... (one per 12-month period)	No Charge	\$103-\$128
Cleaning (Prophylaxis) ... (two per 12-month period)	No Charge	\$94
Children's Exam, Cleaning, Necessary X-Rays & Fluoride Treatment ... (ages 12 & under, two per 12-month period)	No Charge	\$278

## Periodontics

Service	Co-Payment	Standard Fee
Soft-Tissue Management	\$400-\$1,289	\$501-\$1,611
Periodontal Maintenance	\$106	\$132

## Fillings

Service	Co-Payment	Standard Fee
1 Surface ..... (composite/tooth-colored)	\$180	\$225
2 Surfaces ..... (composite/tooth-colored)	\$196	\$245
3 Surfaces ..... (composite/tooth-colored)	\$216	\$270
4 Surfaces ..... (composite/tooth-colored)	\$246	\$307

## Orthodontics

Service	Co-Payment	Standard Fee
Invisalign® ..... (financing available as low as \$199 per month)	\$3,999	\$4,999
Nightguard.....	\$464	\$580

## Crowns

Service	Co-Payment	Standard Fee
Porcelain PFM Crown ..... (per unit base metal)	\$853	\$1,066*
Gold Crown..... (per unit)	\$875	\$1,094*

\*Does not include build-up when required.

## Cosmetic Dentistry

Service	Co-Payment	Standard Fee
Cosmetic Consultation.....	No Charge	\$160
Cosmetic Whitening .....	\$200	\$400

## Other Services

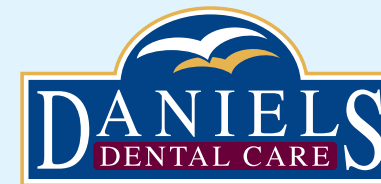
Service	Co-Payment	Standard Fee
Emergency Exam .....	\$58	\$72 (problem-focused, does not include x-rays)
Single X-Ray.....	\$22	\$28
Sealants (per tooth).....	\$40	\$50

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 \_\_\_\_\_

Discover / MasterCard / Visa  
 Card Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_

Make check payable to **Daniels Dental Care.**  
 640 E. Whittier Blvd., La Habra, CA 90631



640 E. Whittier Blvd.  
 La Habra, CA 90631

We cordially invite you to call  
**(562) 694-3660**

[www.DanielsDentalCare.com](http://www.DanielsDentalCare.com)

Patients agree that Daniels Dental Care 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. Plan 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!