

Please List All Unmarried Children Up to Age 20

Fill out & send this form in today to start saving!

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 ____/____/____



Welcome to Our Office!

Join Carlsbad Dental Excellence's In-House Premier Dental Plan

It's a discounted fee schedule for most services, only good at Carlsbad Dental Excellence. You save on everything from cleanings & fillings to cosmetic procedures & crowns!

Start Saving Today!

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

Our Plan Includes the Following Services at No Charge:

- Comprehensive Exam
(Once every 6 months)
- X-Rays
(Once every 12 months)
- Cleaning (Prophylaxis)
(Once every 6 months, twice per calendar year)
- Fluoride Treatment for Children
(Under the age of 18, once every 6 months)

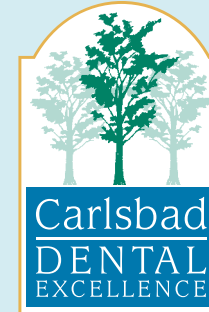
Visit us online at
www.CarlsbadDentalExcellence.com

Trusted, Comfortable Dental Excellence

As Low as
\$24.91/mo.



We are conveniently located one block north of Carlsbad Village Drive on El Camino Real. Come in or call today for your appointment!



3144 El Camino Real, Suite 204
Carlsbad, CA 92008

We cordially invite you to call
(760) 434-7144

Visit us online at
www.CarlsbadDentalExcellence.com



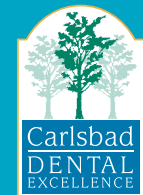
ID# 4022 copyright © september 2010 chrisad, inc., marin co., ca all rights reserved.



As Low as
\$24.91/mo.

Affordable Dental Coverage

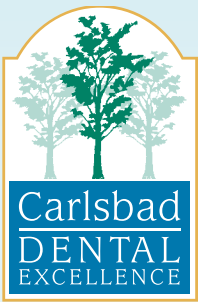
For You & Your Entire Family



We're Making Excellence in Dentistry Affordable for You!



As Low as
\$24.91/mo.



Call today for more details
(760) 434-7144

Visit us online at
www.CarlsbadDentalExcellence.com

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 checks or money orders payable to Carlsbad Dental Excellence.



Start Saving Today!

- Co-payments must be paid at the time of service.
- Any service not paid at the time of service will be billed at usual & customary fees.
- Valid for one year from date of sign-up.

Our Low-Cost Co-Payment Guide

Preventive Dental Care

Service	Co-Payment	Regular Fees (as much as)
Examination	No Charge	\$.87
X-Rays (every 12 months)	No Charge	\$.65
Adult Cleaning (every 6 months)	No Charge	\$.94
Child Cleaning (every 6 months)	No Charge	\$.70
Fluoride Treatment for Children (every 6 months)	No Charge	\$.45

Fillings

Service	Co-Payment	Regular Fees (as much as)
1 Surface (composite/tooth-colored)	\$123	\$175
2 Surfaces (composite/tooth-colored)	\$156	\$222
3 Surfaces (composite/tooth-colored)	\$166	\$236
4 Surfaces (composite/tooth-colored)	\$201	\$288

Cosmetic Dentistry

Service	Co-Payment	Regular Fees (as much as)
Cosmetic Whitening (composite/tooth-colored)	\$245	\$350

Periodontics

Service	Co-Payment	Regular Fees (as much as)
Soft Tissue Management (per quadrant)	\$167	\$238
Periodontal Maintenance	\$104	\$149

Crowns/Bridges

Service	Co-Payment	Regular Fees (as much as)
Porcelain Crown (per unit)	\$1,200	\$1,500
Porcelain/Metal Crown (per unit)	\$650	\$1,200

Other Treatments

Service	Co-Payment	Regular Fees (as much as)
Cosmetic Consultation	No Charge	\$95
Emergency Exam	No Charge	\$85
Sealants (per tooth)	\$39	\$55

Convenient Appointments Before & After Work or School!

Please Fill Out & Send This Form in Today to Start Saving!

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

 City _____ State _____ Zip _____
 Phone _____
 E-mail _____
 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 _____
 Mastercard / Visa / Discover / American Express
 Card Number _____
 Expiration Date _____

Make check payable to Carlsbad Dental Excellence.



3144 El Camino Real
Suite 204
Carlsbad, CA 92008

Low-Cost Dental Plans

- Individual ~ \$299/yr.*
(Equivalent to \$24.91/mo.)
- Individual & Spouse ~ \$449/yr.*
- Family Plan ~ \$599/yr.*
(Two adults & two kids)
- Additional Child in Family ~ \$100/yr.*

Patients agree that Carlsbad Dental Excellence fees stated must be paid at the time services are rendered. Any service not paid 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.