

Complete This Form to Begin Coverage Today

Please List All Unmarried
Children Up to Age 20

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 _____

Our Affordable Coverage Includes the Following Services at No Charge:

- Comprehensive Exam (once every six months)
- X-Rays (once every 12 months)
- Fluoride Treatment for Children (under the age of 18, once every six months)
- Cleaning (Prophylaxis) (once every six months)



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

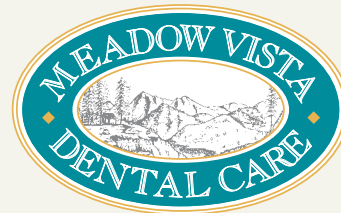
Our office is located
across from the
Buckhorn Payless Market.



Enroll Today!

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

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



16401 Meadow Vista Drive, Suite 103
Pioneer, CA 95666

209-295-5251

MeadowVistaDental.com

Affordable Dental Coverage For You & Your Entire Family

As Low as
\$199/yr.



We're Making Excellence in
Dentistry Affordable for You!

Affordable Dental Coverage for the Whole Family!

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 order payable to Meadow Vista Dental Care.

Low-Cost Dental Coverage

- Individual ~ \$199/yr.
- Individual & Spouse ~ \$389/yr.
- Family Plan ~ \$599/yr. (two adults & two kids)
- Additional Child in Family ~ \$89/yr. (under 14 yrs.)

Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Examination.....	No Charge	\$85
Bitewing X-Rays..... (yearly)	No Charge	\$135
Adult Cleaning..... Prophylaxis (every six months)	No Charge	\$92
Periodontal Cleaning..... (for first two periodontal cleanings, per year)	\$68	\$160
Children's Cleaning..... Prophylaxis (every six months)	No Charge	\$86
Fluoride Treatment..... for Children (every six months, under 14 yrs.)	No Charge	\$42
Full-Mouth X-Rays.....	No Charge	\$140
Sealants (per tooth).....	\$52	\$65

Fillings

Service	Co-Payment "Basic Care"	Regular Fees as High as
1 Posterior Surface..... (amalgam/tooth-colored)	\$159	\$198
2 Posterior Surfaces..... (composite/tooth-colored)	\$188	\$235
3 Posterior Surfaces..... (composite/tooth-colored)	\$200	\$250
4 Posterior Surfaces..... (composite/tooth-colored)	\$213	\$266

Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Soft-Tissue Management..... (per quadrant)	\$220	\$275
Periodontal Maintenance.....	\$128	\$160

Complete Dentures

Service	Co-Payment "Basic Care"	Regular Fees as High as
Upper.....	\$1,360	\$1,699
Lower.....	\$1,360	\$1,699

Crowns/Bridges

Service	Co-Payment "Basic Care"	Regular Fees as High as
All-Metal Crown..... (per unit)	\$732	\$915
Porcelain Fused to..... Metal Crown (per unit)	\$768	\$960
Crown Buildup.....	\$197	\$246

Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Cosmetic Whitening.....	\$210	\$262
Emergency Exam (limited).....	\$62	\$77
Simple Extraction.....	\$212	\$265

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 ____/____/____ S.S.# ____-____-____

Spouse First Name _____

Last Name _____

Middle Initial _____ Female / Male

Date of Birth ____/____/____ S.S.# ____-____-____

Enrollment Period _____ to _____

Signature (member & spouse) _____

_____ Date _____

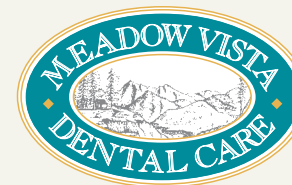
_____ Date _____

American Express / Discover / MasterCard / Visa

Card Number _____

Expiration Date _____

Make check or money order payable to Meadow Vista Dental Care.



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Pioneer, CA 95666

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MeadowVistaDental.com

Patients agree that Meadow Vista 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. Coverage fees are valid only when paid at the time of enrollment. All family members must reside in the same household. Membership is non-transferable. This is not an insurance product.