

# 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.

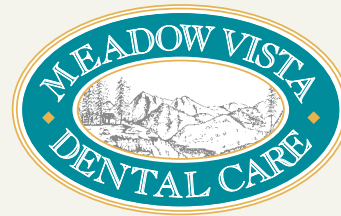
Our office is located across from the Buckhorn Payless Market.



## 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

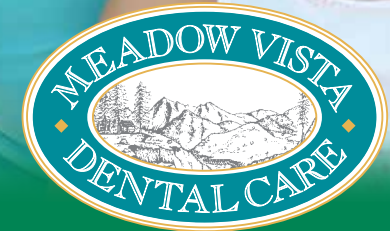
209-295-5251

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 . . . . .	No Charge . . . . .	\$135 (yearly)
Adult Cleaning . . . . .	No Charge . . . . .	\$92 Prophylaxis (every six months)
Periodontal Cleaning . . . . .	\$68 . . . . .	\$160 (for first two periodontal cleanings, per year)
Children's Cleaning . . . . .	No Charge . . . . .	\$86 Prophylaxis (every six months)
Fluoride Treatment . . . . .	No Charge . . . . .	\$42 for Children (every six months, under 14 yrs.)
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 . . . . .	\$159 . . . . .	\$198 (amalgam/tooth-colored)
2 Posterior Surfaces . . . . .	\$188 . . . . .	\$235 (composite/tooth-colored)
3 Posterior Surfaces . . . . .	\$200 . . . . .	\$250 (composite/tooth-colored)
4 Posterior Surfaces . . . . .	\$213 . . . . .	\$266 (composite/tooth-colored)

## Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Soft-Tissue Management . . . . .	\$220 . . . . .	\$275 (per quadrant)
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 . . . . .	\$732 . . . . .	\$915 (per unit)
Porcelain Fused to Metal Crown (per unit) . . . . .	\$768 . . . . .	\$960
Crown Buildup . . . . .	\$197 . . . . .	\$246

## Other Treatments

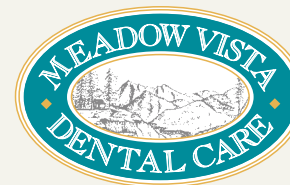
Service	Co-Payment "Basic Care"	Regular Fees as High as
Cosmetic Whitening . . . . .	\$210 . . . . .	\$262
Emergency Exam (limited) . . . . .	\$62 . . . . .	\$77
Simple Extraction . . . . .	\$212 . . . . .	\$265

# 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.



16401 Meadow Vista Drive, Suite 103  
 Pioneer, CA 95666

209-295-5251

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. This is not an insurance product.