

Please List All Unmarried  
Children Up to Age 14

Low-Cost Individual Dental Plan

As Low as \$199/yr.

As Low as  
\$199/yr.

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 Plan Includes the  
Following Services at No Charge:

- Comprehensive Exam (once every 12 months)
- Check-up X-rays (once every 12 months)
- Fluoride Treatment for Children (under the age of 14, once every six months)
- Cleaning (Prophylaxis) (once every six months, twice per calendar year)



We are conveniently located across from  
the Buckhorn Payless Market.

## Enroll Today!

### Join Meadow Vista Dental Care's In-House Premier Dental Plan

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



16401 Meadow Vista Drive, Suite 103  
Pioneer, CA 95666

We cordially invite you to call  
(209) 295-5251

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

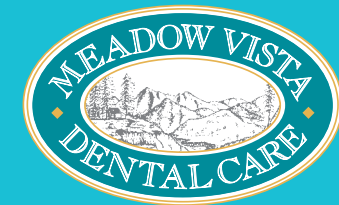


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# Affordable Dental Coverage

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 Meadow Vista Dental Care.

## Low-Cost Dental Plans

- 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	\$50
Bitewing X-rays (yearly)	No Charge	\$65
Adult Cleaning Prophylaxis (every six months)	No Charge	\$88
<b>Periodontal Cleaning (for first two periodontal cleanings, per year)</b>	<b>\$26</b>	<b>\$114</b>
Children's Cleaning Prophylaxis (every six months)	No Charge	\$80
Fluoride Treatment for Children (every six months, under 14 yrs.)	No Charge	\$25
Full-Mouth X-rays	\$71	\$136
Sealants (per tooth)	\$48	\$60

## Fillings

Service	Co-Payment "Basic Care"	Regular Fees as High as
1 Posterior Surface (amalgam/tooth-colored)	\$128	\$160
2 Posterior Surfaces (composite/tooth-colored)	\$165	\$206
3 Posterior Surfaces (composite/tooth-colored)	\$175	\$218
4 Posterior Surfaces (composite/tooth-colored)	\$182	\$228

## Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Soft-Tissue Management (per quadrant)	\$186	\$232
Periodontal Maintenance	\$91	\$114

## Complete Dentures

Service	Co-Payment "Basic Care"	Regular Fees as High as
Upper	\$1,096	\$1,370
Lower	\$1,096	\$1,370

## Crowns/Bridges

Service	Co-Payment "Basic Care"	Regular Fees as High as
All-Metal Crown (per unit)	\$692	\$865
Porcelain Fused to Metal Crown (per unit)	\$718	\$898
Crown Buildup	\$118	\$148

## Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Cosmetic Whitening	\$210	\$262
Emergency Exam (limited)	\$40	\$50
Simple Extraction	\$163	\$204

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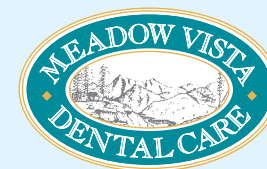
First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Middle Initial \_\_\_\_\_ Female / Male  
 Home Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ S.S.# \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Spouse First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Middle Initial \_\_\_\_\_ Female / Male  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ S.S.# \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Enrollment Period \_\_\_\_\_ to \_\_\_\_\_  
 Signature (member & spouse) \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_

American Express / MasterCard / Visa

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Make check payable to Meadow Vista Dental Care



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 Pioneer, CA 95666

We cordially invite you to call  
 (209) 295-5251

www.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. 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!