

Complete This Form to Begin Coverage Today

Please List All Children You Wish to Enroll:

First Name _____

Last Name _____

Middle Initial _____ Son / Daughter

Date of Birth _____

First Name _____

Last Name _____

Middle Initial _____ Son / Daughter

Date of Birth _____

First Name _____

Last Name _____

Middle Initial _____ Son / Daughter

Date of Birth _____

First Name _____

Last Name _____

Middle Initial _____ Son / Daughter

Date of Birth _____

No Deductibles, Ever



Join Brentwood Dental Excellence's In-House Premier Dental Coverage

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

Cleanings Brighten Your Smile & Help Prevent Disease!

Heart Disease • Strokes • Worsening Asthma
Worsening Diabetes • Pregnancy Complications
Alzheimer's • Dementia

Sources: National Institute of Health, NYU, University of
Pennsylvania Dental School, Journal of Alzheimer's Disease, Penn Medicine,
British Dental Journal & Many More.

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BrentwoodDentalExcellence.net

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Easy & Affordable Dental Coverage



- No Deductibles, Ever!
- All Health Conditions Accepted
- No Health Questions or Hassles



Affordable Dental Coverage for the Whole Family!

No Deductibles, Ever

Now you can join our low-cost dental coverage for a nominal membership premium. 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 form & return it with your check, money order or credit card information. Please make your check or money order payable to Brentwood Dental Excellence.

Low-Cost Dental Coverage

- Individual Premium ~ \$31.25/mo.* (\$375/yr.)
- Individual & Spouse Premium ~ \$62.50/mo.* (\$750/yr.)
- Family Plan Premium (2 adults & 2 kids) ~ \$200/mo.* (\$2,400/yr.)
- Additional Child in Family Premium ~ \$15/mo.* (\$180/yr.)

*Monthly payment plan is available to patients providing direct deposit or credit card access.

Preventive Dentistry

Dental Services	Co-payment
Examination (twice per year)	No Charge
Adult Cleaning (twice per year)	No Charge
Kid's Cleaning (twice per year)	No Charge
X-Rays (every 12 months)	No Charge
Kid's Fluoride Treatment (twice per year)	No Charge

Orthodontics

Dental Services	Co-payment
Invisalign®	\$5,500
Orthodontics Consultation	No Charge

Other Treatments

Dental Services	Co-payment
Emergency Appointment	\$99
Limited Exam & Two X-Rays	No Charge

Please Inquire About
Services Not
Listed Here!



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 ____/____/____

Spouse's First Name _____

Last Name _____

Middle Initial _____ Female / Male

Date of Birth ____/____/____

Enrollment Period _____ to _____

Signature (member & spouse) _____

_____ Date _____

_____ Date _____

American Express / Discover / Mastercard / Visa

Card Number _____

Expiration Date _____

☐ Make your check or money order payable to
Brentwood Dental Excellence.



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BrentwoodDentalExcellence.net

Patients agree that Brentwood Dental Excellence co-payments 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 premiums 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. Membership renews annually on the day & month of initial enrollment. Membership renews automatically unless member formally requests otherwise in advance.