# 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	
E: N	
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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5611 Lone Tree Way, Suite 140 Brentwood, CA 94513

925-420-5030 BrentwoodDentalExcellence.net





# 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.)

Dental Services

- 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

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 <sup>®</sup>	\$5,500
Orthodontics Consultation	No Charge

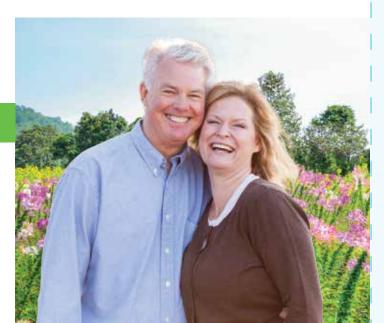
#### Other Treatments

Dental Services

Emergency Appointment	
Limited Exam & Two X-Rays	

Co-payment

# 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	
Phone	
Email	
Date of Birth/	
Spouse's First Name	
Last Name	
Middle Initial	Female / Male
Date of Birth/	
Enrollment Period	to
$Signature\ (member\ \mathscr{C}\ spouse)$	
	Date
	Date
American Express / Discover / Ma	astercard / Visa
Card Number	
Expiration Date	
Make your check or money order Brentwood Dental Excellence.	r payable to



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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.