

# Complete This Form to Begin Coverage Today

Please List All Children You Wish to Enroll:  
(Aged 16 & under)

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



## Low-Cost Dental Coverage Premiums for Less Than \$1/day No Deductibles, Ever

### Join AZ Dental'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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405 Saratoga Avenue, Suite 60, San Jose, CA 95129  
408-247-5500  
2195 Monterey Highway, Suite 30, San Jose, CA 95125  
408-295-1100

MyAZDental.com



## Easy & Affordable Dental Coverage

Premiums for Less Than  
\$1/day



- 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 payable to AZ Dental.

## Low-Cost Dental Coverage

- Individual Premium ~ \$175/yr
- Individual & Spouse Premium ~ \$265/yr.
- Family Plan Premium (2 adults & 2 kids) ~ \$375/yr.
- Additional Child in Family Premium ~ \$60/yr.

## Preventive Dentistry

Dental Services	Co-payment
Examination.....	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

## Braces

Dental Services	Co-payment
Traditional Braces.....	\$5,455
Invisalign® (financing as low as \$99/mo.).....	\$5,755

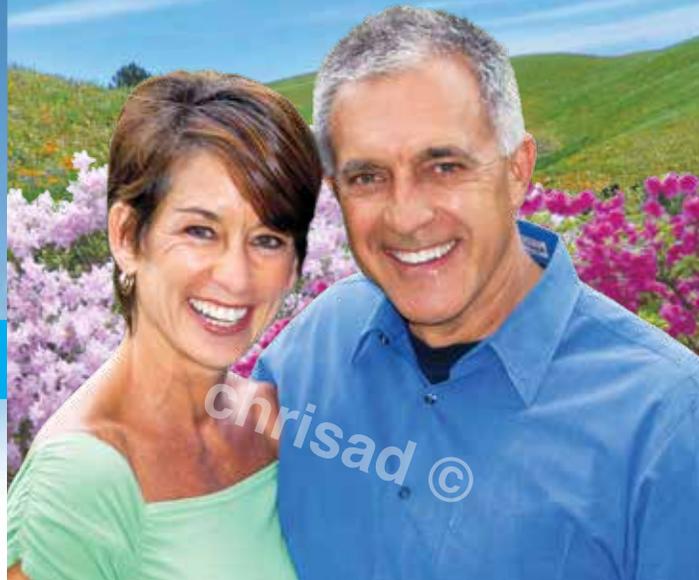
## Restorative Dentistry

Dental Services	Co-payment
Filling (one surface).....	\$155-\$295
Crown.....	\$1,150-\$1,435
Root Canal (anterior or molar).....	\$880-\$1,385
Dentures (top or bottom).....	\$1,455-\$2,787

## Other Treatments

Dental Services	Co-payment
Sealants (per tooth).....	\$42
Nightguard.....	\$375
Cosmetic Whitening.....	\$399
Cosmetic Consultation.....	No Charge
Emergency Exam.....	No Charge

25% Off All Procedures  
& 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 AZ Dental.



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Patients agree that AZ Dental 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.