Begin Coverage Today Please List All Children You Wish to Enroll

| 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 6 months)
- Fluoride Treatment for Children (under the age of 16, once every 6 months)
- X-Rays (once every 12 months)
- Cleaning (Prophylaxis) (once every 6 months.
 Deep cleaning not covered.)



Low-Cost Dental Coverage Less Than \$1/day

Enroll Today!

Join AZ Dental's In-House Premier Dental Coverage

- All Health Conditions Accepted!
- You Cannot Be Denied Coverage!
- No Deductibles!
- No Health Questions!
- No Waiting Period!
- No Yearly Maximum!
- You Cannot Be Singled Out for Rate Increases or Cancellations!



405 Saratoga Avenue, Suite 60, San Jose, CA 95129 408-247-5500

1095 East Brokaw Road, Suite 40, San Jose, CA 95131 408-437-1111

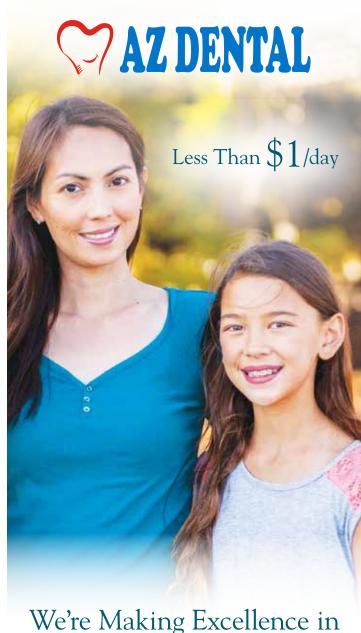
2195 Monterey Highway, Suite 30, San Jose, CA 95125 408-295-1100

MyAZDental.com





Affordable Dental Coverage



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 your check or money order payable to AZ Dental.

Low-Cost Dental Coverage

- Individual ~ \$175/yr.
- Individual & Spouse ~ \$265/yr.
- Family Plan ~ \$375/yr. (two adults & two kids)
- Additional Child in Family ~ \$60/yr. (up to age 16 years old)

25% Off of Regular Fees for All Procedures & Services Not Listed Here!

Preventive Dentistry

| Service | Co-Payment "Basic Care" | Regular Fees |
|--|-------------------------|--------------|
| Examination | No Charge | \$100 |
| X-Rays (every 12 months) | No Charge | \$160 |
| Adult Cleaning (every 6 months) | No Charge | \$140 |
| Children's Cleaning (every 6 months) | No Charge | \$129 |
| Fluoride Treatment for Children (every 6 months) | No Charge | \$60 |

Orthodontics

| Service | Co-Payment "Basic Care" | Regular Fees |
|---|-------------------------|--------------|
| Traditional Braces | \$5,455 | \$7,000 |
| Invisalign [®] (financing available as low as \$ | | \$7,500 |

Restorative Dentistry

| Service | Co-Payment "Basic Care" | Regular Fees |
|-------------------------|-------------------------|-----------------|
| Fillings | \$145–\$295 | \$219–\$376 |
| Crown | \$950 | \$1,475 |
| Root Canal | . \$795–\$1,250 | \$1,200–\$1,600 |
| Denture (Top or Bottom) | \$1,395 | \$2,100 |

Other Treatments

| Service | Co-Payment "Basic Care" | Regular Fees |
|-----------------------|----------------------------|--------------|
| Sealants (per tooth) | \$35 | \$80 |
| Nightguard | \$300 | \$595 |
| Cosmetic Whitening | \$399 | \$599 |
| Cosmetic Consultation | No Charge | \$95 |
| Emergency Exam | No Charge | \$100 |



- Member co-pay is due at the time of service
- Full annual dues required to keep membership current. No payment plan & refunds allowed for annual dues
- Specialist consultation is \$195.
- All family members must reside in the same household & can sign up unmarried children up to age 16
- Membership will renew annually unless cancelled in writing with 30 day notice
- · This program can not be used in conjunction with another dental plan or offer.

Complete This Form to Begin Coverage Today!

| First Name | |
|-------------------------------|----------------------------|
| Last Name | |
| Middle Initial | |
| Home Address | |
| | |
| City | State Zip |
| Phone | |
| Email | |
| Date of Birth/ | |
| Spouse 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 A7 Dental |



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