## 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  |                |
| E. M           |                |
| First Name     |                |
| Last Name      |                |
| Middle Initial | Son / Daughter |
| Date of Birth  |                |
| First Name     |                |
|                |                |
|                | Son / Daughter |
|                |                |



### Your Safety Is Our Highest Priority!

We use the most advanced antiseptic procedures to meet or exceed strict CDC guidelines & virtually eliminate the possibility of disease transmission to both staff & patients in our office.



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

## **Enroll Today!**

Join Gilbert Road Dental Care's In-House Premier Dental Coverage

\$25 per month, \$150 every six months or \$275 per year. All services 25% off when year is paid in full.

Healthy Gums Improve Your Overall Health

Your dial **Finalized Brochure** Will Go Here



944 North Gilbert Road, Suite 104, Mesa, AZ 85203

480-834-5000 GilbertRoadDental.com





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## Smile Savings Plan

Premiums for Less Than \$1/day



- All Health Conditions Accepted
- No Deductibles or Maximums
- No Health Questions or Hassles



## 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  $\mathcal{E}$  return it with your check, money order or credit card information. Please make your check or money order payable to Gilbert Road Dental Care.

### Low-Cost Dental Coverage

- Individual Premium ~ \$16/mo.\*
- Individual & Spouse Premium ~ \$29/mo.\*
- Family Plan Premium (2 adults & 2 kids) ~ \$41/mo.\*
- Additional Child in Family Premium ~ \$12/mo.\*

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

# Dental ServicesCo-paymentExamination.No ChargeAdult Cleaning (twice per year)No ChargeKid's Cleaning (twice per year)No ChargeX-Rays (as needed per exam)No ChargeKid's Fluoride Treatment (twice per year)No Charge

### Braces

| Dental Services    | Co-payment |
|--------------------|------------|
| Traditional Braces | \$5,500    |
| Invisalign®        |            |

### Restorative Dentistry

| Dental Services          | Co-payment |
|--------------------------|------------|
| Filling (one surface)    | \$158      |
| Filling (two surface)    | \$205      |
| Filling (three surface)  | \$248      |
| Filling (four surface)   | \$282      |
| Crown.                   | \$1,033    |
| Root Canal (anterior)    | \$718      |
| Root Canal (molar)       | \$883      |
| Dentures (top or bottom) | \$1,358    |

### Other Treatments

| Dental Services       | Co-payment |
|-----------------------|------------|
| Sealants (per tooth)  | \$51       |
| Nightguard            | \$550      |
| Cosmetic Whitening    | \$550      |
| Cosmetic Consultation | \$95       |
| Emergency Exam        | \$100      |

## 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             |
| $Signature\ (member\ \textit{\&}\ spouse)$                    |                |
|   | _ Date         |
|   | _ Date         |
| American Express / Discover / Mass                            | tercard / Visa |
| Card Number   |                |
| Expiration Date   |                |
| Make your check or money order p<br>Gilbert Road Dental Care. | payable to     |



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Patients agree that Gilbert Road Dental Care 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 not on an insurance product. Membership renews annually on the day & month of initial enrollment. Membership renews automatically unless member formally requests otherwise in advance.