

# Complete This Form to 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 \_\_\_\_\_

## Your Safety Is Our Top Priority

We have improved our already extremely rigid sterilization standards in order to virtually eliminate the possibility of disease transmission to both staff & patients in our office.



CENTERS FOR DISEASE CONTROL AND PREVENTION

- The Most Advanced Antiseptic Procedures to Meet or Exceed Strict CDC Guidelines
- Heat-Sterilized Instruments & Filtered Water Lines
- Continual Disinfection of Our Office
- Knowledgeable Staff Who Care Deeply About Community Health

# Low-Cost Dental Coverage

As Low as \$192/yr.

## Join West Davis Dental Excellence's In-House Premier Dental Plan

It's a discounted fee schedule for most services, only good at West Davis Dental Excellence. You save on everything from cleanings & fillings to cosmetic procedures & crowns!

### Start Saving Today!

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

## Healthy Gums Improve Your Overall Health

Research has linked gum disease to health problems like diabetes, heart disease, dementia & respiratory infection. Regular dental cleanings can help you stay healthy & increase your lifespan. Call today for your dental cleaning.



611 North Bishop Avenue, Suite 102, Dallas, TX 75208

214-948-3035

WestDavisDental.com

# Easy & Affordable Dental Coverage

As Low as \$192/yr.



- 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 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 West Davis Dental Excellence.

## Low-Cost Dental Coverage

- Individual Premium ~ \$192/yr.
- Individual & Spouse Premium ~ \$292/yr.
- Family Plan Premium ~ \$292/yr. plus \$60/yr. per child

## Start Saving Today!

- Co-payments must be paid at the time of service.
- Any service not paid for at the time of service will be billed at usual & customary fees.
- Valid for one year from date of sign-up.

## Preventive Dentistry

Dental Services	Co-payment
Examination.....	No Charge
X-Rays .....	No Charge
Cleaning (Prophylaxis) .....	No Charge
Fluoride Treatment for Children .....	No Charge

## Periodontics

Dental Services	Co-payment
Periodontal Maintenance.....	\$140
Scaling & Root Planing .....	\$228 (per quadrant)

# Fillings

Dental Services	Co-payment
1 Surface .....	\$164 (composite/tooth-colored)
2 Surfaces .....	\$215 (composite/tooth-colored)
3 Surfaces .....	\$267 (composite/tooth-colored)
4 Surfaces .....	\$328 (composite/tooth-colored)

## Crowns/Bridges

Dental Services	Co-payment
Porcelain Crown.....	\$965 (per unit)

## Cosmetic Dentistry

Dental Services	Co-payment
Zoom! <sup>®</sup> Cosmetic Whitening.....	\$299

## Other Treatments

Dental Services	Co-payment
Cosmetic Consultation.....	No Charge
Emergency Exam.....	\$52
Sealants (per tooth).....	\$50



# 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 Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Signature (member & spouse) \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_  
 American Express / Discover / Mastercard / Visa  
 Card Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_

Make your check or money order payable to West Davis Dental Excellence.



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Patients agree that West Davis 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.