

# 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)
- X-Rays (once every 12 months)
- Fluoride Treatment for Children (under the age of 16, once every 6 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



Less Than \$1/day



We're Making Excellence in  
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 \$199/mo.)	\$5,755 . . . . .	\$7,500

## Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees
Fillings . . . . .	\$145-\$295 . . . . .	\$219-\$376
Crown . . . . .	\$950 . . . . .	\$1,475
Root Canal . . . . . (Anterior or Molar)	\$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



### Rules & Exclusions

- 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.
- AZ Dental reserves the right to make changes to the program & terminate membership at any time.
- Specialist consultation is \$195.
- This is a discount plan & not a dental insurance.
- 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 \_\_\_\_\_ Female / Male  
 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 AZ Dental.



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