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	
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	

Cleanings Brighten Your Smile & Help Prevent Disease!



Low-Cost Dental Coverage

Premiums for Less Than \$1/day No Deductibles, Ever

Enroll Today!

Join Channing Dental's In-House Premier Dental Coverage

- · 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.



2240 Channing Way, Berkeley, CA 94704

510-845-6494

Channing Dental.com [6]





Easy & Affordable Dental Coverage

No Deductibles, Ever

Premiums for Less Than \$1/day

- All Health Conditions Accepted
- No Maximums
- 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 or money order payable to Channing Dental.

Low-Cost Dental Coverage

- Individual Premium ~ \$360/yr.
- Individual & Spouse Premium ~ \$590/yr.*
- Family Plan Premium (2 adults & 2 kids) ~ \$790/yr.*
- Additional Child in Family Premium ~ \$90/yr.*

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

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 ye	ear) No Charge

Orthodontics

Co-payment

Invisalign® Consultation	No Charge

Dental Services

Restorative Dentistry

Dental Services	Co-payment
Filling (one surface)	\$252
Filling (two surface)	\$323
Filling (three surface)	\$404
Crown	\$1,320
Root Canal (molar)	\$1,453
Dentures (top or bottom)	\$2,400

Other Treatments

Dental Services	Co-payment
Sealants (per tooth)	\$78
Nightguard (soft)	\$400
Nightguard (hard)	\$800
Cosmetic Whitening	\$640
Cosmetic Consultation	No Charge

Please Inquire About Services Not Listed Here!



Complete This Form to Begin Coverage Today!

rirst Name	
Last Name	
Middle Initial	Female / Male
Home Address	
CityState	Zip
Phone	
Email	
Date of Birth/	
Spouse's First Name	
Last Name	
Middle Initial	Female / Male
Date of Birth/	
Enrollment Period	_ to
$Signature\ (\mathrm{member}\ \mathscr{C}\ \mathrm{spouse})$	
	Date
	Date
American Express / Discover / Ma	astercard / Visa
Card Number	
Expiration Date	
Make your check or money orde Channing Dental.	r payable to



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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