

Please List All Unmarried Children Up to Age 20

Please Fill Out & Send This Form in Today to Begin Coverage!

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 ____ / ____ / _____
5. Child's First Name _____
Middle Initial _____ Son / Daughter
Date of Birth ____ / ____ / _____

Our Affordable Plan Includes the Following Services at No Charge:

- Comprehensive Exam (once every six months)
- X-Rays (once every 12 months)
- Fluoride Treatment for Children (under the age of 18, once every six months)
- Cleaning (Prophylaxis) (once every six months, twice per calendar year)
- Cosmetic Consultation

Low-Cost Individual Dental Plan

As Low as
\$25/mo.

Enroll Today!

Join Diablo Hills Dental Excellence's In-House Premier Dental Plan

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



3800 Lone Tree Way, Antioch, CA 94509

We cordially invite you to call
(925) 778-8080

Visit us online at
www.DiabloHillsDental.com

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As Low as
\$25/mo.

Affordable Dental Coverage

For You & Your Entire Family



We're Making Excellence in Dentistry Affordable for You!

We are conveniently located on Lone Tree Way at Clayburn Road, near Sutter Delta Medical Center. Call today for your appointment & more details.



Low-Cost Individual Dental Coverage

Now you can join our low-cost dental plan for a nominal membership fee. Our plan 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 checks or money orders payable to Diablo Hills Dental Excellence.

Low-Cost Dental Plans

- Individual ~ \$25/mo.*
- Individual & Spouse ~ \$37.50/mo.*
- Additional Child in Family ~ \$10/mo.*

*Monthly payment plan is available to patients providing credit card access.

Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Examination.....	No Charge	\$57
X-Rays (every 12 months)	No Charge	\$82
Adult Cleaning (every six months)	No Charge	\$112
Children's Cleaning (every six months)	No Charge	\$101
Fluoride Treatment for Children (every six months)	No Charge	\$30

Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Filling.....	\$300	\$377
Crown.....	\$927	\$1,159

Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Periodontal Maintenance . . .	No Charge	\$165 (two per year not in addition to cleaning)

Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Cosmetic Whitening.....	\$399	\$650
Emergency Exam	\$95	\$120
Sealants (per tooth)	\$64	\$80
Nightguard.....	\$511	\$639

Please Inquire About
Services Not Listed Here!

Please Fill Out & Send This
Form in Today to Begin Coverage!

First Name _____

Last Name _____

Middle Initial _____ Female / Male

Home Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

Date of Birth ____/____/____ S.S.# ____-____-____

Spouse First Name _____

Last Name _____

Middle Initial _____ Female / Male

Date of Birth ____/____/____ S.S.# ____-____-____

Enrollment Period _____ to _____

Signature (member & spouse) _____

_____ Date _____

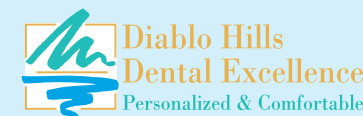
_____ Date _____

MasterCard / Visa / Discover / American Express

Card Number _____

Expiration Date _____

Make check payable to Diablo Hills Dental Excellence.



3800 Lone Tree Way
Antioch, CA 94509

We cordially invite you to call
(925) 778-8080

Visit us online at
www.DiabloHillsDental.com

Patients agree that Diablo Hills Dental Excellence fees 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. Plan fees 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.

