

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 Coverage 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)

Low-Cost Dental Coverage

As Low as \$195/yr.

We are located next to the Morgan Hill Walmart.



Enroll Today!

Join Cochrane Plaza Dental Care's In-House Premier Dental Coverage

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

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



154 Cochrane Plaza
Morgan Hill, CA 95037
408-227-4100

www.CochranePlazaDental.com

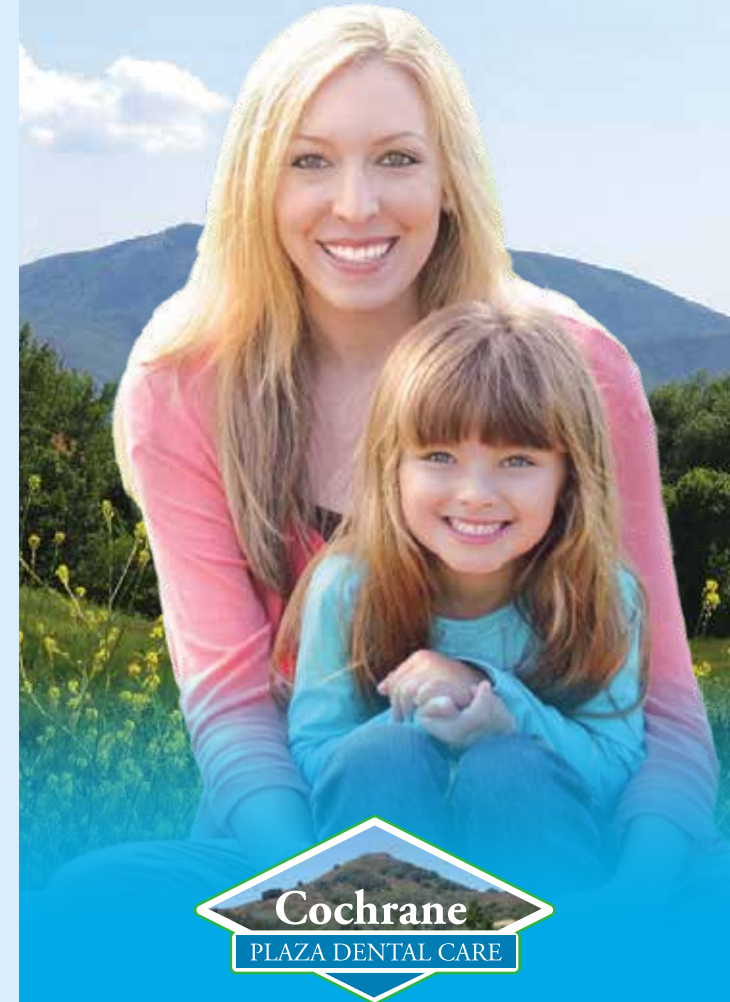


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As Low as
\$195/yr.

Affordable Dental Coverage For You & Your Entire Family



We're Making Excellence in Dentistry Affordable for You!

As Low as
\$195/yr.

Low-Cost Dental Coverage



408-227-4100

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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 check or money orders payable to Cochrane Plaza Dental Care.

Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
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Examination	No Charge	\$80
X-Rays (every 12 months)	No Charge	\$135
Adult Cleaning (every six months)	No Charge	\$107
Fluoride Treatment for Children (every six months)	No Charge	\$20

Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
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Soft-Tissue Management (per quadrant)	\$217	\$287
Periodontal Maintenance	\$113	\$180

Fillings

Service	Co-Payment "Basic Care"	Regular Fees as High as
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1 Surface (composite/tooth-colored)	\$145	\$236
2 Surfaces (composite/tooth-colored)	\$199	\$296
3 Surfaces (composite/tooth-colored)	\$225	\$368
4 Surfaces (composite/tooth-colored)	\$249	\$430

Orthodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
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Invisalign® (financing available as low as \$99/mo.)	Complimentary Consultation	
Fastbraces® (financing available as low as \$99/mo.)	Complimentary Consultation	
Nightguard (lab made)	\$425	\$550
Nightguard (office made)	\$350	\$500

Crowns/Bridges

Service	Co-Payment "Basic Care"	Regular Fees as High as
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Porcelain Crown (per unit)	\$1,095	\$1,350
Porcelain with Gold (base or coping) (per unit)	\$995	\$1,250

Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
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Cosmetic Consultation	No Charge	\$95
Emergency Exam	\$57	\$160
Sealants (per tooth)	\$35	\$70
Full Denture (upper or lower)	\$1,495	\$1,993

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 _____
 Email _____
 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 _____
 American Express / Discover / MasterCard / Visa
 Card Number _____
 Expiration Date _____

Make check payable to Cochrane Plaza Dental Care.



Low-Cost Dental Coverage
Individual ~ \$195/yr.*

*Initial fee is not refundable. \$40 fee for broken appointments without 24 hours notice.

Patients agree that Cochrane Plaza Dental Care 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. Coverage 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.