

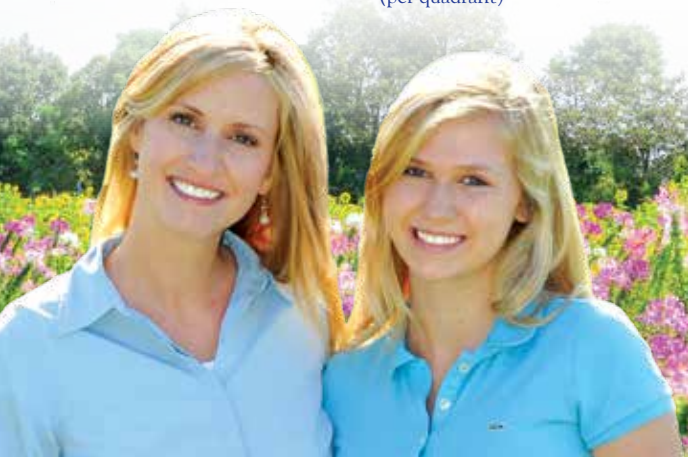
Complete This Form to Begin Coverage Today

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 _____

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 18, once every 6 months)
- Cleaning (Prophylaxis) (once every 6 months)
- Scaling & Root Planing (per quadrant)



Affordable Dental Coverage

Only \$99/yr. per person

Enroll Today!

Join Dental Masters' In-House Premier Dental Coverage

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



Creating Happy Patients, One Smile at a Time

4 Locations to Serve You!

Downey

At the Downey Landing
12156 Lakewood Boulevard
Downey, CA 90242
562-803-1600

Pico Rivera

At the Pico Rivera Town Center
8982 Washington Boulevard
Pico Rivera, CA 90660
562-222-1551

Maywood

At Atlantic & Slauson
4428 Slauson Avenue
Maywood, CA 90270
323-773-1535

Mission Hills

At Olivo
10436 Sepulveda Boulevard
Mission Hills, CA 91345
818-830-2828

MyDentalMasters.com

chrisad

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Affordable Dental Coverage

Only \$99/yr. per person



Creating Happy Patients, One Smile at a Time



Includes
FREE Scaling
& Root
Planing!

We're Making Excellence in
Dentistry Affordable for You!

Further Heightened
Sterilization Standards

Your Safety Is Our Top Priority

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 Dental Masters.

Low-Cost Dental Coverage

Only \$99/yr. per person

Preventive Dentistry

Service	Co-Payment	Regular Fees as High as
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Examination	No Charge	\$100
X-Rays (every 12 months)	No Charge	\$195
4 Bitewing X-Rays (every 12 months)	No Charge	\$85
Adult Cleaning (every 6 months)	No Charge	\$195
Children's Cleaning (every 6 months)	No Charge	\$120
Fluoride Treatment for Children (every 6 months)	No Charge	\$95

Orthodontics

Service	Co-Payment	Regular Fees as High as
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Traditional Braces (as low as)	\$2,990	\$6,000
Invisalign® (as low as) (financing available as low as \$99/mo.)	\$3,990	\$7,500

Restorative Dentistry

Service	Co-Payment	Regular Fees as High as
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Fillings	\$125-\$175	\$550
Crown (Metal Free)	\$600-\$800	\$1,250
Root Canal (anterior or molar)	\$1,000	\$2,000
Denture (top or bottom)	\$1,000-\$1,500	\$2,000

Other Treatments

Service	Co-Payment	Regular Fees as High as
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Emergency Exam	No Charge	\$200
Sealants (per tooth)	\$35	\$100
Nightguard	\$275	\$550
Cosmetic Whitening (per arch)	\$145	\$390
Cosmetic Consultation	No Charge	\$250

Scaling & Root PlaningNo Charge \$250 (per quadrant)

Please Inquire About Services Not Listed Here!



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 **Dental Masters.**



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Patients agree that Dental Masters Dental 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. Membership renews annually on the day & month of initial enrollment. Membership renews automatically unless member formally requests otherwise in advance.