



## Please List All Children You Wish to Enroll

Fill out & send this form in today to start saving!

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

# Welcome to Our Office!

## Join West Davis Dental Excellence's In-House Premier Dental Plan

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

## Start Saving Today!

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

## Our Plan Includes the Following Services at No Charge:

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

Open 7 Days a Week!  
Appointments 7am–7pm  
on Weekdays!

# Trusted, Comfortable Dental Excellence



We are located on the corner of West Davis Street & North Bishop Avenue, in the historic Bishop Arts District.

## Open 7 Days a Week!



611 North Bishop Avenue, Suite 102  
Dallas, TX 75208

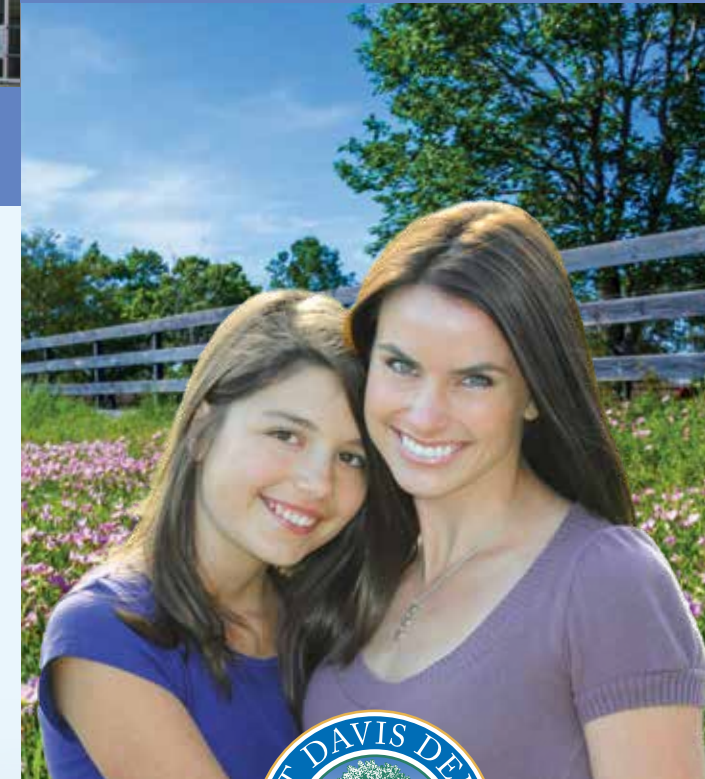
214-948-3035

WestDavisDental.com

# Affordable Dental Coverage

For You & Your Entire Family

As Low as \$16/mo.



We're Making Excellence in Dentistry Affordable for You!





As Low as \$16/mo.

# Our Low-Cost Co-Payment Guide

Please Fill Out & Send This Form in Today to Start Saving!



Call today for more details.

214-948-3035

WestDavisDental.com

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 West Davis Dental Excellence.



Start Saving Today!

- Co-payments must be paid at the time of service.
- Any service not paid for at the time of service will be billed at usual & customary fees.
- Valid for one year from date of sign-up.

## Preventive Dental Care

Service	Co-Payment	Regular Fees (as much as)
Examination . . . . .	No Charge . . . . .	\$107
X-Rays . . . . .	No Charge . . . . .	\$250
Cleaning (Prophylaxis) . . . . .	No Charge . . . . .	\$112
Fluoride Treatment . . . . .	No Charge . . . . .	\$39 for Children

## Fillings

Service	Co-Payment	Regular Fees (as much as)
1 Surface . . . . .	\$164 . . . . .	\$219 (composite/tooth-colored)
2 Surfaces . . . . .	\$215 . . . . .	\$287 (composite/tooth-colored)
3 Surfaces . . . . .	\$267 . . . . .	\$356 (composite/tooth-colored)
4 Surfaces . . . . .	\$328 . . . . .	\$437 (composite/tooth-colored)

## Periodontics

Service	Co-Payment	Regular Fees (as much as)
Periodontal Maintenance . . . . .	\$140-\$187 . . . . .	\$228-\$304
Scaling & Root Planing . . . . .	\$228 . . . . .	\$304 (per quadrant)

## Orthodontics

Service	Co-Payment	Regular Fees (as much as)
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25% Off All Orthodontics

## Crowns/Bridges

Service	Co-Payment	Regular Fees (as much as)
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Porcelain Crown . . . . . \$965 . . . . . \$1,505 (per unit)

## Cosmetic Dentistry

Service	Co-Payment	Regular Fees (as much as)
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Zoom!® Cosmetic Whitening . . . \$299 . . . . . \$600

## Other Treatments

Service	Co-Payment	Regular Fees (as much as)
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Cosmetic Consultation . . . . . No Charge . . . . . \$95  
 Emergency Exam . . . . . \$52 . . . . . \$102  
 Sealants (per tooth) . . . . . \$50 . . . . . \$66

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 your check or money order payable to **West Davis Dental Excellence.**  
 611 North Bishop Avenue, Suite 102, Dallas, TX 75208



## Low-Cost Dental Plans

- Individual ~ \$16/mo.\*
- Individual & Spouse ~ \$23/mo.\*
- Family Plan ~ \$31/mo.\* (two adults & two kids)
- Additional Child in Family ~ \$5/mo.\*

\*Billed annually.

Patients agree that West Davis 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.

