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	
Last 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	

No Deductibles, Ever



Low-Cost Dental Coverage Premiums for Less Than \$1/day No Deductibles, Ever

Ioin Dental Care at Sweetwater's In-House Premier Dental Coverage

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

Cleanings Brighten Your Smile & Help Prevent Disease!

Heart Disease • Strokes • Worsening Asthma Worsening Diabetes • Pregnancy Complications Alzheimer's • Dementia

Sources: National Institute of Health, NYU, University of Pennsylvania Dental School, Journal of Alzheimer's Disease, Penn Medicine, British Dental Journal & Many More.

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4655 Sweetwater Boulevard, Suite 400 Sugar Land, TX 77479

713-774-9774 CaringDentalCare.com







Easy & Affordable Dental Coverage



- No Deductibles, Ever
- All Health Conditions Accepted
- 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 Dental Care at Sweetwater.

Low-Cost Dental Coverage

- Individual Premium ~ \$299/yr.*
- Individual & Spouse Premium ~ \$499/yr.*
- Family Plan Premium (2 adults & 2 kids) ~ \$649/yr.*
- Additional Child in Family Premium ~ \$119/yr.

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
4 Bitewing X-Rays	No Charge
Kid's Fluoride Treatment (twice per year)	No Charge

Braces

Co-payment

Dental Services

L 1	
Traditional Braces	
Invisalign® (financing as low as \$99/mo.)\$4,212–\$6,380	
Braces Consultation No Charge	

Restorative Dentistry

Dental Services	Co-payment
Fillings.	\$197–\$397
Porcelain Crown or Veneer	\$1,400–\$1,561
Adult Extraction	\$231–\$593
Complete Denture (Top or Bottom)	\$2,200
Dental Implant Bundle	\$6,353

Other Treatments

Dental Services	Co-payment
Sealants (per tooth)	\$68
Nightguard	\$658
Cosmetic Whitening	\$802
Cosmetic Consultation	No Charge
Emergency Exam	No Charge

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	e Zip
Phone	
Email	
Date of Birth//	_
Spouse's First Name	
Last Name	
Middle Initial	Female / Male
Date of Birth//	_
Enrollment Period	to
$Signature\ (member\ \mathcal{C}\ spouse)$	
	Date
	Date
American Express / Discover / N	Mastercard / Visa
Card Number	
Expiration Date	
Make your check or money ord Dental Care at Sweetwater.	ler payable to



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Patients agree that Dental Care at Sweetwater co-payments 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 premiums 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.