

## 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,  
twice per calendar year)

## Low-Cost Individual Dental Coverage For Less Than \$1/day

Our office is conveniently  
located on Murrieta  
Boulevard near  
Holmes Street.



## ENROLL TODAY!

### Join Livermore Dental Care's In-House Premier Dental Coverage

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

- All Health Conditions Accepted!
- You Cannot Be Denied Coverage!
- No Deductibles!



**Livermore Dental Care®**  
Personalized & Comfortable

1171 Murrieta Boulevard, Suite 101  
Livermore, CA 94550  
925-455-9510

[www.LivermoreDentalCare.com](http://www.LivermoreDentalCare.com)

## AFFORDABLE INDIVIDUAL DENTAL COVERAGE

For You & Your Entire Family

For Less Than  
\$1/day



**Livermore Dental Care®**  
Personalized & Comfortable

We're Making Excellence in  
Dentistry Affordable for You!

# LOW-COST INDIVIDUAL DENTAL COVERAGE

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! 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 or credit card information. Please make check payable to Livermore Dental Care.

## Low-Cost Dental Coverage

- Individual ~ \$30/mo.\* (\$360/yr.)
- Individual & Spouse ~ \$54/mo.\* (\$648/yr.)
- Additional Child in Family ~ \$18/mo.\* (\$216/yr.)

\*Monthly payment plan is available to patients providing direct deposit or credit card access.

## Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Examination.....	No Charge	\$68
X-Rays (every 12 months) .....	No Charge	\$169
Adult Cleaning .....	No Charge	\$115 (every six months)
Children's Cleaning.....	No Charge	\$95 (every six months)
Fluoride Treatment .....	No Charge	\$49 for Children (every six months)

Please Inquire About  
Services Not Listed Here!

## Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Filling.....	\$304	\$380
Crown.....	\$995	\$1,227

## Periodontics

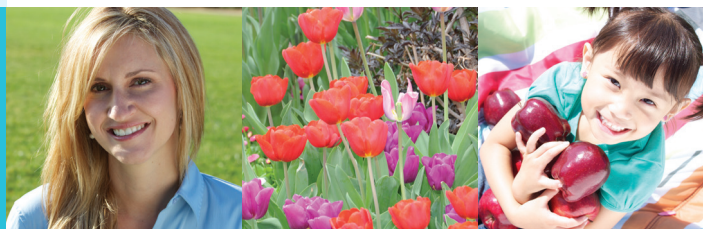
Service	Co-Payment "Basic Care"	Regular Fees as High as
Periodontal Treatment..... (per quadrant)	\$253	\$294

## Orthodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Invisalign® .....	\$4,875	\$6,500 (financing available as low as \$199/mo.)
Nightguard.....	\$400	\$550

## Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Cosmetic Consultation .....	No Charge	\$95
Cosmetic Whitening.....	\$440	\$550
Emergency Exam .....	\$62	\$78
Sealants (per tooth).....	\$57	\$72



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 / MasterCard / Visa / Discover

Card Number \_\_\_\_\_ CCV # \_\_\_\_\_

Expiration Date \_\_\_\_\_

☐ Make check payable to **Livermore Dental Care.**



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We cordially invite you to call

**925-455-9510**

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Patients agree that Livermore 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.