



LOW-COST INDIVIDUAL DENTAL COVERAGE

a reason to
smile

Now you can join our low-cost dental coverage for a nominal membership fee. Our coverage entitles you and your family to preventive dental care at no cost!!! Corrective services are also available for a small co-payments that are far less than the usual customary dental fees. Our professional staff is qualified to care for all your family dental needs today and tomorrow!!!

Low-Cost Dental Coverage

- Individual \$25/mo *
- Individual & Spouse \$50/mo *
- Family Plan \$70/mo *
- Additional Child in Family \$10/mo *

* Monthly payment plans is available to patients providing direct deposit or credit card auto debit access

Preventive Dentistry

Dental Service	Our Plan	Regular Fees
Examination	No Charge	\$91
X-Rays (every 12 mo)	No Charge	\$137
Adult Cleaning (every 6 months)	No Charge	\$98
Children's Cleaning	No Charge	\$65
Fluoride Treatment	No Charge	\$40

Periodontics & Restorative

Dental Service	Our Plan	Regular Fees
Periodontal Maintenance	\$75	\$133
Periodontal Scaling	\$140	\$250
Filling for ONE Surface (composite/tooth colored)	\$95	\$175
Filling for TWO Surfaces (composite/tooth colored)	\$125	\$225
Filling for THREE Surfaces (composite/tooth colored)	\$150	\$278
Filling for FOUR Surfaces (composite/tooth colored)	\$174	\$335

Crowns & Bridges

Dental Service	Our Plan	Regular Fees
Porcelain Crowns	\$795	\$1,200
Three-Unit Bridge	\$2,826	\$3,768

Other Treatments

Dental Service	Our Plan	Regular Fees
Invisalign® <i>(Invisalign® Consultation FREE)</i>	\$4,200	\$5,800
Cosmetic Teeth Whitening	\$399	\$604
Emergency Exam	\$45	\$75
Sealants (per tooth)	\$35	\$54



**PFLUGERVILLE
SMILES DENTISTRY**
Creating Miles of Smile. Your Smile is Our Passion.

305 N. Heatherwilde Blvd, Suite 1, Bldg D
Pflugerville, TX 78660

(512) 686-2999

First Name: _____

Last Name: _____

Middle Initial : _____ Sex : _____

Home Address : _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Date of Birth: ____/____/____ SSN: _____

Spouse First Name: _____

Last Name: _____

Middle Initial: _____ Sex: _____

Date of Birth: ____/____/____ SSN: _____

Enrollment Period: From: _____ To: _____

Signature (member/spouse)

_____ Dated: _____

_____ Dated: _____

AMEX/MC/VISA

Card Number: _____

Expiration Date: _____

Make check payable to Pflugerville Comfort Dental.

ENROLL TODAY!!!

Join Pflugerville Comfort Dental's In-House Premier Dental Coverage

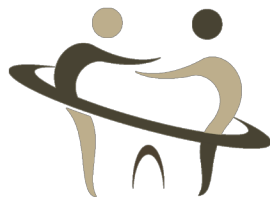
The above dental plan is a discounted fee schedule for most dental procedures, only good at Pflugerville Comfort Dental. We are located right next to CVS pharmacy at the intersection of FM1825 and Heatherwilde Blvd. You save on everything from cleanings & fillings to cosmetic dental procedures and more

- All Health Conditions Accepted!
- You Cannot Be Denied Coverage!
- No Deductibles and insurance hassles!
- No Health Questions!
- You Cannot Be Singled Out for Rare Increases and/or Cancellations!

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Pflugerville, TX 78660

We cordially invite you to call
(512) 686-2999

www.PflugervilleComfortDental.com



**PFLUGERVILLE
SMILES DENTISTRY**
Creating Miles of Smile. Your Smile is Our Passion.

Please List All Up to Age 20 yrs

Please Fill Out & Send This Form in Today
to Begin Coverage for You and Your Family

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: _____

Our Affordable Coverage Includes the Following
Services at No additional Cost to you!!!

- Comprehensive Exam (once every 6 months)
- Fluoride Treatment for Children (under age of 18, once every 6 months)
- X-Rays/Radiographs (once every 12 months)
- Cleaning (once every 6 months, twice per calendar year)

