

Please List All Unmarried Children Up to Age 26

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 Plan Includes the Following Services at No Charge:

- Comprehensive Exam (once every six months)
- Cleaning (Prophylaxis) (once every six months, twice per calendar year)
- X-rays (once every six months)

Low-Cost Individual Dental Plan
As Low as **\$120/yr.**

Enroll Today!

Join Our In-House Premier Dental Plan

It's a discounted fee schedule for all services, only good at OC Dental Center/ OC Smile. You save on everything from cleanings & fillings to cosmetic procedures & crowns!

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



26137 La Paz Rd, Ste 150
Mission Viejo, CA 92691
(949) 461-0000
www.OCSmile.com

1950 Sunnycrest Dr, Ste 1100
Fullerton, CA 92835
(714) 441-1414
www.OCSmile.com



2700 S. Bristol St
Santa Ana, CA 92704
(714) 444-3333

www.OCDentalCenter.com



Affordable Dental Coverage



Low Cost Individual Dental Coverage for CWA9510 Members

Dental Coverage is now available for as little as \$10/month.*

Our plan entitles you to preventive dental care at no cost with all other services available with special discounted co-payments.

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 OC Dental Center or OC Smile. *Paid yearly.

Low-Cost Dental Plans

- Single ~ \$120/yr.
- Single & Spouse or Child ~ \$200/yr.
- Family Plan ~ \$340/yr. (two adults & two kids)

Additional Members:

- Additional Child with Single + Plan ~ \$70/yr.
- Additional child with Family Plan ~ \$50/yr

Preventative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Examination.	No Charge.	\$.79
X-rays (every 6 months).	No Charge.	\$.75
Adult Cleaning. (every 6 months)	No Charge.	\$.129
Children's Cleaning. (every 6 months)	No Charge.	\$.99

Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Filling.	\$.125.	\$.399
Crown.	\$.699.	\$1,200
Root Canal Therapy.	\$.499.	\$1,099

Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Soft-Tissue Management (per quadrant)	\$.170.	\$.275
Red Light Therapy.	\$.15.	\$.20

Orthodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Traditional Braces. (financing available as low as \$39/mo.)	\$.3,500.	\$.6,000
Invisalign® or Clear Correct (financing available as low as \$59/mo.)	\$.4,500.	\$.6,000
Nightguard.	\$.399.	\$.599

Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Cosmetic Whitening. (Start Pure® in-office)	\$.199.	\$.349
Cosmetic Whitening. (Start Pure® Nite & Day® Pens)	\$.69.	\$.99
Emergency Exam.	\$.69.	\$.89
Cosmetic Consultation.	No Charge.	\$.99

Additional Services

Service	Co-Payment "Basic Care"	Regular Fees as High as
Dental Implant.	starting at \$1,799	\$.3,599
Dentures.	\$.899.	\$.1,900
Wisdom Tooth Extraction	\$.195.	\$.599

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 _____
 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 _____ CVV _____

Make check payable to **OC Dental Center**



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Please Inquire About Services Not Listed Here!

Patients agree that our 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.