

Complete This Form to Begin Coverage Today

Please List All Children
You Wish to Enroll

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 _____

Your Safety Is Our Top Priority

We have improved our already extremely rigid sterilization standards in order to virtually eliminate the possibility of disease transmission to both staff & patients in our office.



CENTERS FOR
DISEASE CONTROL
AND PREVENTION

- The Most Advanced Antiseptic Procedures to Meet or Exceed Strict CDC Guidelines
- Heat-Sterilized Instruments & Filtered Water Lines
- Continual Disinfection of Our Office
- Knowledgeable Staff Who Care Deeply About Community Health



Low-Cost Dental Coverage

Premiums for Less Than \$1/day

Enroll Today!

Join Huntington Beach Dental Center's In-House Premium Dental Coverage

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

Healthy Gums Improve Your Overall Health

Research has linked gum disease to health problems like diabetes, heart disease, dementia & respiratory infection. Regular dental cleanings can help you stay healthy & increase your lifespan. Call today for your dental cleaning.



17692 Beach Boulevard, Suite 310
Huntington Beach, CA 92647

714-842-5035

HuntingtonBeachDentalCenter.com

chrisad

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Easy & Affordable Dental Coverage

Premiums for Less Than \$1/day



Further
Heightened
Sterilization
Standards!



- All Health Conditions Accepted
- No Deductibles or Maximums
- No Health Questions or Hassles

Affordable Dental Coverage for the Whole Family!

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 Huntington Beach Dental Center.

Low-Cost Dental Coverage

- Individual Premium ~ \$200/yr.

Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
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Examination.....	No Charge	\$69
X-Rays	No Charge	\$158
Cleaning.....	No Charge	\$110 (prophylaxis)
Fluoride (for children)	No Charge	\$45

Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
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Laser Tissue Management	\$68	\$96
Periodontal Maintenance	\$129	\$184
Deep Cleaning (per quad)	\$192	\$274

Endodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
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Root Canal (anterior)	\$647.50	\$925
Root Canal (bicuspid)	\$747	\$1,066
Root Canal (molar)	\$892.50	\$1,275

Please Inquire About Services Not Listed Here!

Orthodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
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Invisalign®	\$5,000	\$6,000 (financing available as low as \$99/mo.)
NTI Nightguard.....	\$420	\$600

Fillings

Service	Co-Payment "Basic Care"	Regular Fees as High as
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1 Surface.....	\$189	\$270 (composite/tooth-colored)
2 Surface.....	\$192.50	\$275 (composite/tooth-colored)
3 Surface.....	\$227.50	\$325 (composite/tooth-colored)
4 Surface.....	\$262.50	\$375 (composite/tooth-colored)

Crowns & Bridges

Service	Co-Payment "Basic Care"	Regular Fees as High as
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Porcelain Crown (per unit)	\$870	\$1,242
Gold Crown (per unit)	\$1,050	\$1,500

Extractions

Service	Co-Payment "Basic Care"	Regular Fees as High as
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Simple Extraction	\$147	\$210
Surgical Extraction	\$230	\$328

Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
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Cosmetic Consultation	No Charge	\$95
Emergency Exam	No Charge	\$64
Sealants (per tooth).....	\$31	\$43

Complete This Form to Begin Coverage Today!

First Name _____

Last Name _____

Middle Initial _____ Female / Male

Home Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Date of Birth ____/____/____

Spouse's First Name _____

Last Name _____

Middle Initial _____ Female / Male

Date of Birth ____/____/____

Enrollment Period _____ to _____

Signature (member & spouse) _____

_____ Date _____

_____ Date _____

American Express / Discover / Mastercard / Visa

Card Number _____

Expiration Date _____

☐ Make your check or money order payable to
Huntington Beach Dental Center.



17692 Beach Boulevard, Suite 310
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HuntingtonBeachDentalCenter.com

Patients agree that Huntington Beach Dental Center 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.