

# 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 Around \$1 /day

### No Deductibles, Ever

### Join South Coast Family Dentistry's In-House Premier Dental Coverage

- All Health Conditions Accepted
- No Maximums
- You Cannot Be Denied Coverage
- No Health Questions
- 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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## SOUTH COAST FAMILY DENTISTRY

• Coos Bay Location •  
295 South 10<sup>th</sup> Street, Coos Bay, OR 97420  
**541-269-5353**

• Bandon Location •  
155 Delaware Avenue SE, Bandon, OR 97411  
**541-551-7347**

SouthCoastFamilyDentistry.com

**chrisad**

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## Easy & Affordable Dental Coverage

Premiums for Around \$1 /day



- No Deductibles, Ever
- All Health Conditions Accepted
- No Health Questions or Hassles



## SOUTH COAST FAMILY DENTISTRY

# 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 visit our office or call us at 541-269-5353. Payment for your 12-month membership can be issued by check, money order or credit/debit card. Please make your check or money order payable to South Coast Family Dentistry.

## Low-Cost Dental Coverage

- Individual Premium ~ \$31/mo.\*
- Individual & Spouse Premium ~ \$41/mo.\*
- Family Plan Premium (family of 3) ~ \$51/mo.\*
- Additional Child in Family Premium ~ \$10/mo.\*

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

We cannot combine this plan with dental or medical insurance, or other forms of dental or medical coverage. For more information, please contact our office.

## Preventive Dentistry

Dental Services	Co-payment
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Full Comprehensive Examination.....	No Charge
X-Rays (every 12 months).....	No Charge
Adult Cleaning (twice per year).....	No Charge
Kid's Cleaning (twice per year).....	No Charge
Kid's Fluoride Treatment (twice per year).....	No Charge
Topical Fluoride Varnish.....	No Charge
Periodic Exam.....	No Charge

Please Inquire About Services Not Listed Here!

## Restorative Dentistry

Dental Services	Co-payment
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Crown.....	\$1,320
Crown Buildup (including pins).....	\$274
Filling (one surface, anterior).....	\$177
Filling (two surface, anterior).....	\$221
Filling (three surface, anterior).....	\$297
Filling (four surface, anterior).....	\$354
Root Canal (anterior).....	\$895
Root Canal (molar).....	\$1,237
Surgical Implant.....	\$2,211
Implant Crown.....	\$1,287
Implant Abutment.....	\$697
Immediate Denture.....	\$1,954

### ◆ Coos Bay Location ◆

295 South 10<sup>th</sup> Street, Coos Bay, OR 97420

**541-269-5353**

We are located four blocks south of Mingus Park.



### ◆ Bandon Location ◆

155 Delaware Avenue SE, Bandon, OR 97411

**541-551-7347**

We are on the corner of Delaware Avenue SE & 1st Street SE, across from the La Fiesta Mexican Restaurant.



# 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 South Coast Family Dentistry.



SouthCoastFamilyDentistry.com

Patients agree that South Coast Family Dentistry 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.