

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)
- Cleaning (Prophylaxis) (once every six months)
- X-Rays (once every 12 months)

Low-Cost Individual Dental Coverage As Low as \$25/mo.

We are located in the Frame 10 Center, above the bowling alley.



Enroll Today! Join Kona Coast Dental Care's In-House Premier Dental Coverage For Uninsured Patients

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

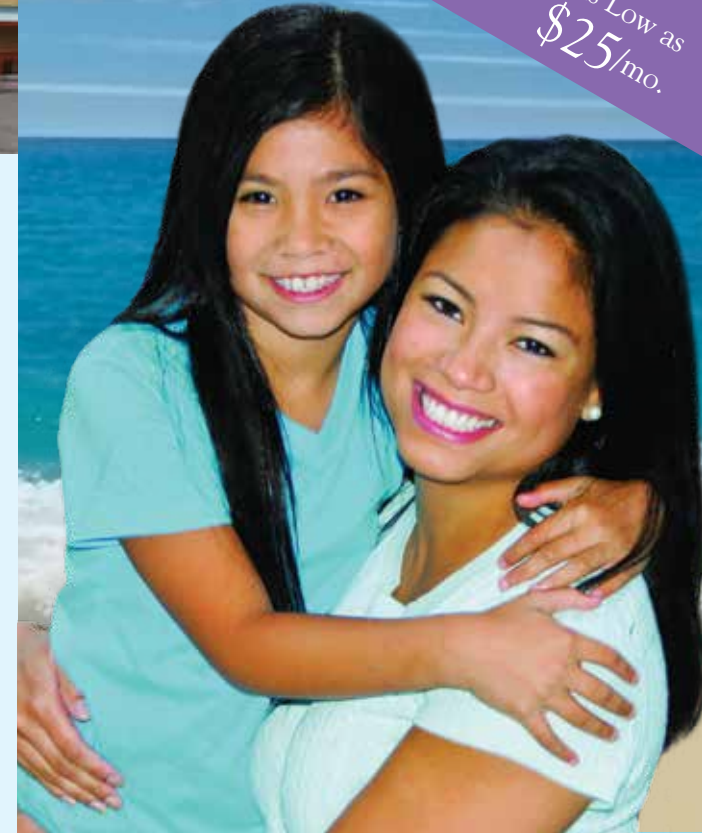
- All Health Conditions Accepted!
- You Cannot Be Denied Coverage!
- No Deductibles!
- No Health Questions!
- You Cannot Be Singled Out for Rate Increases or Cancellations!
- 12 Month Contract



75-5591 Palani Road, Suite 202
Kailua-Kona, HI 96740
(808) 329-8067
www.KonaCoastDental.com

Affordable Dental Coverage For You & Your Entire Family

As Low as
\$25/mo.



We're Making Excellence in
Dentistry Affordable for You!

Low-Cost 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! 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 enrollment form & return it with your check, money order or credit card information. Please make check or money orders payable to Kona Coast Dental Care.

Low-Cost Dental Coverage

- Individual ~ \$299/yr. (\$25/mo.)
- Individual & Spouse ~ \$468/yr. (\$39/mo.)
- Family Plan ~ \$660/yr. (two adults & two kids) (\$55/mo.)
- Additional Child in Family ~ \$120/yr. (\$10/mo.)

*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	\$115
X-Rays (every 12 months)	No Charge	\$146
Adult Cleaning	No Charge	\$106 (every six months)
Children's Cleaning.....	No Charge	\$73 (every six months)
Fluoride Treatment	\$30	\$52 for Children (every six months)

Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Filling.....	\$258	\$303
Crown.....	\$1,065	\$1,253

Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Periodontal Maintenance	\$122	\$143 (cleaning)
Soft Tissue Management	\$340	\$400 (per quadrant)

Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Cosmetic Consultation	No Charge	\$95
Cosmetic Whitening.....	\$149	\$300
Emergency Exam & X-Rays.....	\$99	\$137
Dental Implant.....	\$1,866	\$2,196
Nitrous Oxide Sedation.....	\$43	\$51



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 / Discover / MasterCard / Visa

Card Number _____

Expiration Date _____

Make check payable to **Kona Coast Dental Care.**



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Please Inquire About Services Not Listed Here!

Patients agree that Kona Coast 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.