

Complete This Form to Begin Coverage Today

Please List All Unmarried Kids Up to Age 20

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 _____

Our Affordable Coverage Includes the Following Services at No Charge:

- Comprehensive Exam (unlimited)
- X-Rays (once every 12 months)
- Fluoride for Children (under the age of 18, once every six months)
- Cleaning (Prophylaxis) (once every six months)



Low-Cost Dental Coverage As Low as \$299/yr.

Our office is located on Main Street at the corner of East 36th Street, across the street from the YWCA.



Enroll Today!

Join Main Street Dentistry's In-House Premier Dental Coverage

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



3512 Main Street, Vancouver, WA 98663

360-696-2513

MainStDentistry.com   

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Affordable Dental Coverage For You & Your Entire Family

As Low as \$299/yr.



We're Making Excellence in
Dentistry Affordable for You!



Affordable Dental Coverage for the Whole Family!

Complete This Form to Begin Coverage Today!



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 order payable to Main Street Dentistry.

Low-Cost Dental Coverage

- Individual ~ As Low as \$299/yr.
- Individual & Spouse ~ As Low as \$349/yr.
- Family Plan ~ As Low as \$499/yr. (two adults & two kids)
- Additional Child in Family ~ As Low as \$99/yr.

Additional \$100/yr. per individual if periodontal maintenance is required.

Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Examinations	No Charge	\$119
X-Rays (every 12 months)	No Charge	\$69
Adult Cleaning (every six months)	No Charge	\$120
Children's Cleaning (every six months)	No Charge	\$95
Fluoride Treatment for Children (every six months)	No Charge	\$69

Save Up to 30% Off the Normal Fees!

Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
1-Surface Filling	\$175	\$249
2-Surface Filling	\$175	\$249
3-Surface Filling	\$210	\$299
4-Surface Filling	\$245	\$349
Crown	\$1,050	\$1,499

Specialist services referred to our network of excellent doctors.

Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Emergency Exam	\$56	\$79
Sealants (per tooth)	\$14	\$19

Please Inquire About Services Not Listed Here!



First Name _____
 Last Name _____
 Middle Initial _____ Female / Male
 Home Address _____

 City _____ State _____ Zip _____
 Phone _____
 Email _____
 Date of Birth ____/____/____ S.S.# ____-____-____
 Spouse 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 or money order payable to Main Street Dentistry.



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Patients agree that Main Street Dentistry 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.