

Please List All Unmarried Children Up to Age 17

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

Low-Cost Dental Coverage
As Low as \$19.99/mo.



Two Locations to
Serve You in
Cedar Park & Leander
Enroll Today!

Join G's Dental Studio'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!

www.GsDentalStudio.com

As Low as
\$19.99/mo.

Affordable
Dental Coverage
For You & Your Entire Family



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 G's Dental Studio.

Low-Cost Dental Coverage

- Individual ~ \$19.99/mo.*
- Individual & Spouse ~ \$34.99/mo.*
- Family Plan ~ \$44.99/mo.* (two adults & two kids)
- Additional Child in Family ~ \$10/mo.*
(Children must be age 17 or under)

*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	\$79
X-Rays (every 12 months)	No Charge	\$121
4 Bitewing X-Rays	No Charge	\$59 (every 12 months)
Adult Cleaning*	No Charge	\$84 (every six months)
Children's Cleaning.....	No Charge	\$62 (every six months)
Fluoride Treatment	No Charge	\$38 for Children (every six months)

*Excluding the presence of gum disease, the need for soft-tissue management & periodontal maintenance.

Please Inquire About
Services Not Listed Here!

Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Surface Fillings (1-4).....	\$129-\$252	\$163-\$315
Crown.....	\$903	\$1,129
Crown Build-up	\$204	\$255
Root Canal-Anterior*	\$700-\$900	\$1,000-\$1,200
Root Canal-Molar*	\$1,100	\$1,600
Denture-Top.....	\$1,400	\$2,400
Denture-Bottom.....	\$1,400	\$2,400

*Root canals performed in-office by specialist.

Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Periodontal Maintenance	\$100	\$135 (gum treatment)
Soft Tissue Management	\$150	\$236 (per quadrant)

Orthodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Traditional Braces	\$1,909-\$5,459	\$6,825
Fastbraces®	\$3,500	\$4,500
Invisalign®	\$4,000	\$6,000 (financing available as low as \$199/mo.)
Nightguard.....	\$350	\$530

Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Cosmetic Whitening	\$75	\$394 (Take home, per arch)
Emergency Exam	\$55	\$68
Sealants (per tooth).....	\$25	\$50

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 or money order payable to G's Dental Studio.



DENTAL
Studio

www.GsDentalStudio.com

Patients agree that G's Dental Studio's 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.