

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 as Low as \$349/yr.

Enroll Today!

Join Fresh Dental Care of Hillcrest's In-House Premier 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.



FRESH DENTAL CARE
OF HILLCREST

306 Walnut Avenue, Suite 31, San Diego, CA 92103

619-220-0866

FreshDentalSD.com



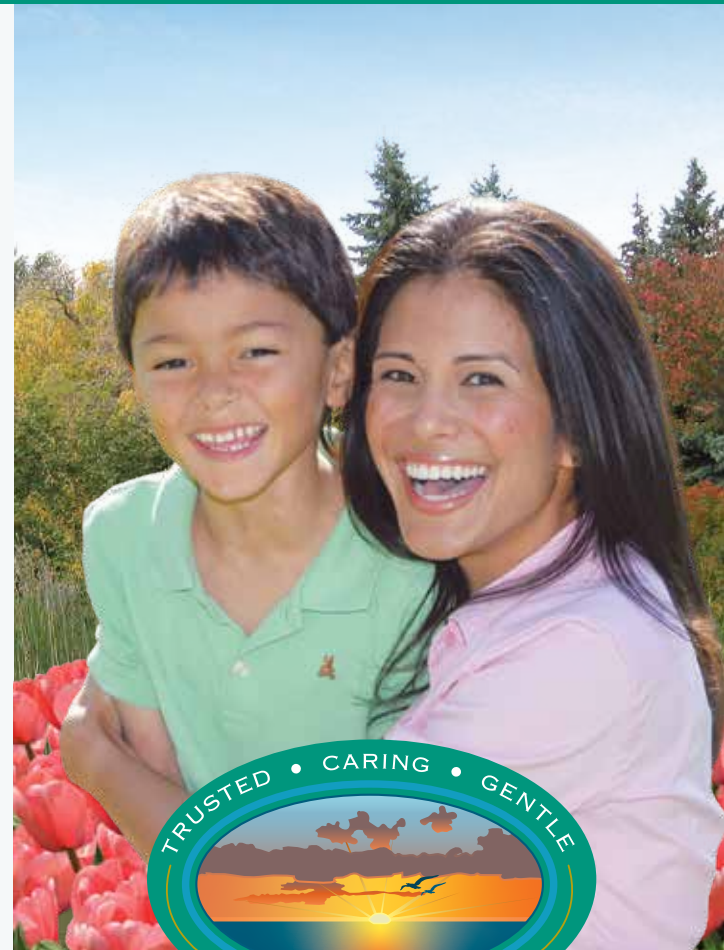
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Easy & Affordable Dental Coverage

Premiums as Low as \$349/yr.



FRESH DENTAL CARE
OF HILLCREST

- 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 Fresh Dental Care of Hillcrest.

Plan	Total Annual Cost
Single	\$349/yr. (savings of \$266 off normal fees)
Dual*	\$648/yr. (savings of \$641 off normal fees)
Family** (4)	\$1,044/yr. (savings of \$1,383 off normal fees)
Each Additional	\$204/yr. (savings of \$1,383 off normal fees)

Fees are to be paid annually. No refunds.

Preventive Dentistry

Dental Services	Our Membership Discount
Examination	100%
Adult Cleaning (twice per year)	100%
Kid's Cleaning (twice per year)	100%
X-Rays (every 12 months)	100%
Fluoride Treatment (twice per year)	100%
Oral Cancer Screenings (twice per year)	100%
Additional Cleanings	15%
Dental Sealants	15%

Braces

Dental Services	Our Membership Discount
Invisalign®	\$1,000 Off
Braces Consultation	100%

Diagnostic & X-Rays

Dental Services

Our Membership Discount

Comprehensive Exam (new patient, initial visit)	100%
Children Under 18 Exam (twice per year)	100%
Emergency Exam (problem-focused, 1 per year)	100%
4 Bitewing X-Rays (once per year)	100%
Periapical (first film)	100%
Periapical (each additional)	100%
Complete X-Rays or Panorex (once every three years)	100%

Other Treatments

Dental Services

Our Membership Discount

Fillings & Core Buildups	15%
Oral Surgery	15%
Root Canals	15%
Crowns	10%
Veneers	10%
Periodontics	10%
Dentures & Partials	10%
Implants	10%

Please Inquire About Services
Not Listed Here!



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
Fresh Dental Care of Hillcrest.



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FreshDentalSD.com   

Patients agree that Fresh Dental Care of Hillcrest 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.