

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 _____

Cleanings Brighten Your Smile & Help Prevent Disease!



Low-Cost Dental Coverage

Easy & Affordable Dental Coverage

Premiums for Less Than \$1 /day Premiums for Less Than \$1 /day

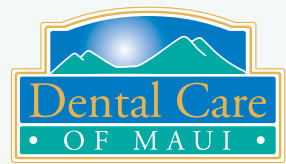
Enroll Today!

Join Dental Care of Maui's In-House Premium Dental Coverage

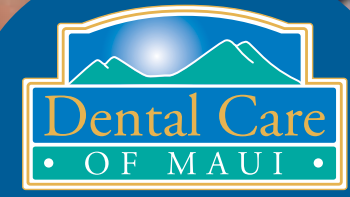
- All Health Conditions Accepted
- You Cannot Be Denied Coverage
- No Deductibles or Maximums
- No Health Questions
- You Cannot Be Singled Out for Rate Increases or Cancellations!

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.



415 Ala Makani Street, Kahului, HI 96732
808-873-DCOM 808-873-3266
DentalCareOfMaui.com 



- 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 Dental Care of Maui.

Low-Cost Dental Coverage

- Individual Premium ~ \$299/year
- Additional Family Member Premium ~ \$199/year

Preventive Dentistry

Dental Services	Co-payment
-----------------	------------

Examination.....	No Charge
Adult Cleaning (twice per year).....	No Charge
Kid's Cleaning (twice per year).....	No Charge
X-Rays (every 12 months).....	No Charge
Kid's Fluoride Treatment (twice per year).....	No Charge

Please Inquire About Services Not Listed Here!

Restorative Dentistry

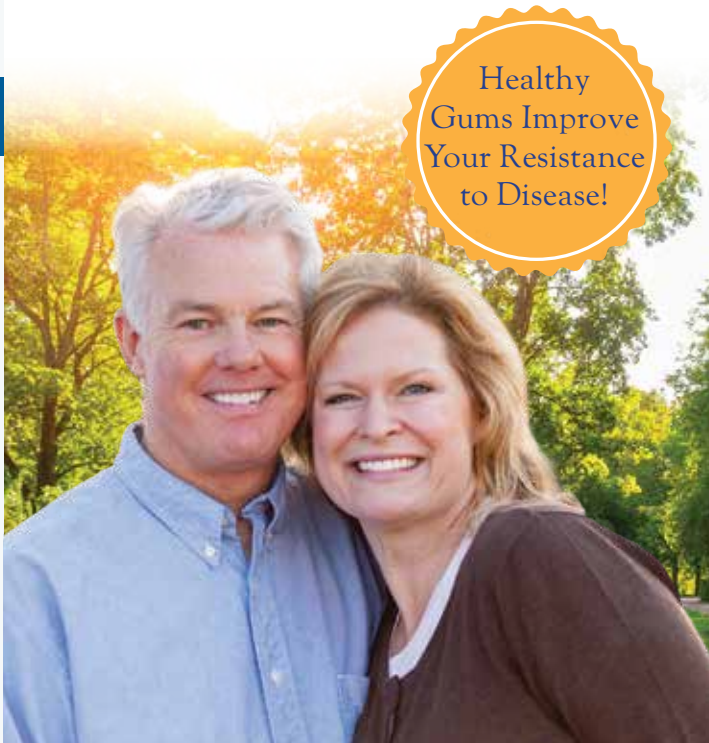
Dental Services	Co-payment
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Filling.....	\$159
Crown.....	\$1,049
Root Canal (anterior).....	\$529
Dentures (top or bottom).....	\$1,100

Other Treatments

Dental Services	Co-payment
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Sealants (per tooth).....	\$45
Zoom!® Cosmetic Whitening.....	\$350
Cosmetic Consultation.....	No Charge
Emergency Exam.....	No Charge



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
 Dental Care of Maui.



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Patients agree that Dental Care of Maui 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.