

# 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 \_\_\_\_\_

## Our Affordable Coverage Includes the Following Services at No Charge:

- Comprehensive Exam (once every 6 months)
- X-Rays (once every 12 months)
- Fluoride Treatment (once every 6 months)
- Cleaning (Prophylaxis) (once every 6 months)

## Low-Cost Dental Coverage Less Than \$1/day

We are located on East 57th Avenue, between South Regal & South Mount Vernon streets, in the Regal Plaza.

Appointments 7am–6:30pm  
& on Saturdays



## Enroll Today!

### Join Moran Prairie 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!



2718 East 57<sup>th</sup> Avenue, Suite 101, Spokane, WA 99223

509-448-5888

MoranPrairieDentistry.com

chrisad

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## Affordable Dental Coverage For You & Your Entire Family Less Than \$1/day



We're Making Excellence in  
Dentistry Affordable for You!

# Affordable Dental Coverage for the Whole Family!

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 your check or money order payable to Moran Prairie Dentistry.

## Low-Cost Dental Coverage

- Individual ~ \$300/yr.
- Individual & Spouse ~ \$550/yr.
- Additional Child in Family ~ \$150/yr.
- Periodontal Maintenance (per individual) ~ \$108/yr.

## Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Examination.....	No Charge	\$156
X-Rays (every 12 months) .....	No Charge	\$120
4 Checkup X-Rays (every 12 months) .....	No Charge	\$70
Adult Cleaning (every 6 months) .....	No Charge	\$116
Children's Cleaning.....	No Charge	\$80
Fluoride Treatment (every 6 months) .....	No Charge	\$38

## Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Filling.....	\$171-\$297	\$210-\$360
Crown.....	\$977	\$1,198
Root Canal.....	\$629-\$869	\$844-\$1,230
Denture .....	\$1,379	\$1,680

## Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Deep Cleaning (per quad) .....	\$229	\$286

## Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Emergency Exam .....	\$47	\$60
Sealants (per tooth) .....	\$48	\$62
Nightguard.....	\$383	\$450

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 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  
Moran Prairie Dentistry.



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MoranPrairieDentistry.com

Patients agree that Moran Prairie 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. Membership renews annually on the day & month of initial enrollment. Membership renews automatically unless member formally requests otherwise in advance.