

Please List All Unmarried Children Up to Age 20

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:

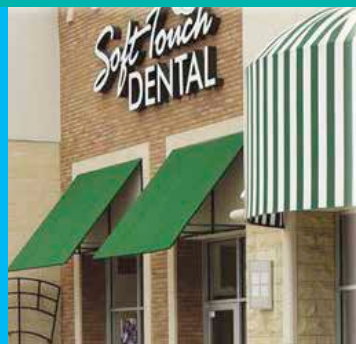
- Comprehensive Exam (once every six months)
- Cleaning (Prophylaxis) (once every six months, twice per calendar year)
- Fluoride Treatment for Children (under the age of 18, once every six months)
- X-Rays (once every 12 months)



Low-Cost Dental Coverage

As Low as \$21/mo.

We are located in the Royal Oaks Village shopping center at the corner of Westheimer & South Kirkwood roads.



Enroll Today!

Join Soft Touch Dental Spa's In-House Premier Dental Coverage

It's a discounted fee schedule for most services, only good at Soft Touch Dental Spa. You save on everything from cleanings & fillings to cosmetic procedures & crowns!

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



11803 Westheimer Road
Suite 710
Houston, TX 77077
(281) 497-7911

www.SoftTouchDentalSpa.com



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AFFORDABLE DENTAL COVERAGE

For You & Your Entire Family



Soft Touch
DENTAL SPA

As Low as
\$21/mo.



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. Get two cleaning/preventive visits for the price of one. 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 Soft Touch Dental Spa.

Low-Cost Dental Coverage As Low as

- Individual ~ \$21/mo.*
- Individual & Spouse ~ \$30/mo.*
- Family Plan ~ \$48/mo.* (two adults & two kids)
- Additional Child in Family*

Age 14 & Under ~ \$8/mo. Ages 15 to 18 ~ \$12/mo.

*Annual cost due at time of enrollment.



Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Examination.....	No Charge	\$117
X-Rays (every 12 months)	No Charge	\$82
Adult Cleaning (every six months)	No Charge	\$116
Children's Cleaning (every six months)	No Charge	\$86
Fluoride Treatment for Children (every six months)	No Charge	\$46

Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Filling.....	\$312	\$417
Crown.....	\$1,055	\$1,407

Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Soft-Tissue Management (per quadrant)	\$230	\$322
Periodontal Maintenance	\$120	\$163

Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Cosmetic Consultation	No Charge	\$95
Cosmetic Whitening (With Tray)	\$425	\$600
Cosmetic Whitening (Without Tray)	\$325	\$500
Nightguard.....	\$450	\$679
Sealants (per tooth).....	\$35	\$69

Please Inquire About
Services Not Listed Here!



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 _____
 E-mail _____
 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 _____

MasterCard / Visa / Discover / American Express
 Card Number _____
 Expiration Date _____

Make check payable to Soft Touch Dental Spa.



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Patients agree that Soft Touch Dental Spa 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. Plan 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.