

Please Fill Out & Send This Form in Today to Begin Coverage!

1. Member's First Name _____
Middle Initial _____ Relation _____
Date of Birth _____

2. Member's First Name _____
Middle Initial _____ Relation _____
Date of Birth _____

3. Member's First Name _____
Middle Initial _____ Relation _____
Date of Birth _____

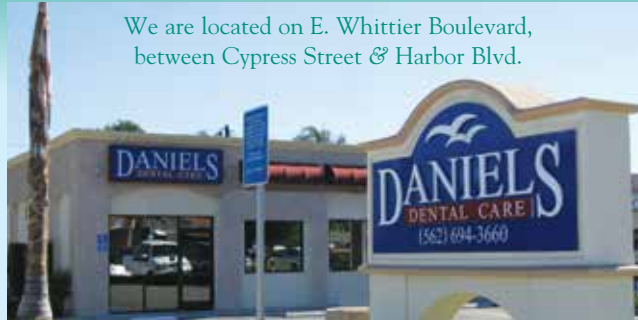
4. Member's First Name _____
Middle Initial _____ Relation _____
Date of Birth _____

5. Member's First Name _____
Middle Initial _____ Relation _____
Date of Birth _____

In-House Dental Plan Includes the Following Services at No Charge:

- Children's Exam, Cleaning, Necessary X-Rays & Fluoride Treatment (ages 12 & under, two per 12-month period)
- Adult Periodic Exam, Cleaning (Prophylaxis) & Check-up X-Rays (ages 13 & over, two per 12-month period)

In-House Dental Plan for 12 Months
\$199 1st Member
\$99 Additional Member

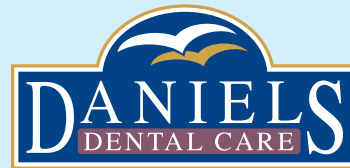


Enroll Today!

Join Daniels Dental Care's In-House Dental Plan

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

- All Health Conditions Accepted!
- No Deductibles!

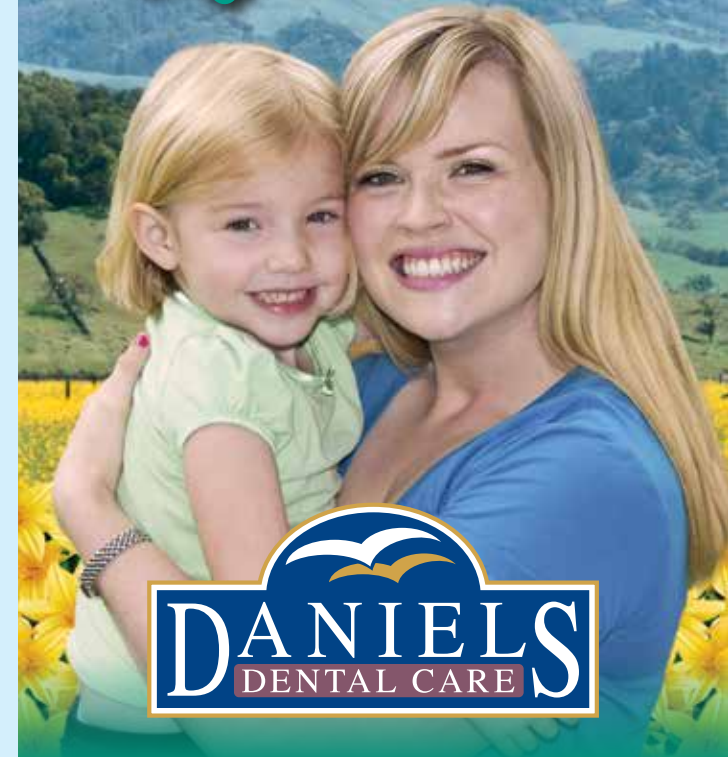


640 E. Whittier Boulevard, La Habra, CA 90631
562-694-3660
www.DanielsDentalCare.com

Starting at
\$199

In-House Dental Plan

For You & Your Entire Family



Exceeding Your Expectations Is Our Goal!

In-House Dental Plan

Now you can join our In-House Plan for a nominal membership fee. Our IHP entitles you to two preventive cleanings & exams at no cost within a 12 month period. Products sold at our office are not included. Periodontal, restorative & major services are discounted at 20% off our standard fees. Dr. Daniels & his professional staff are qualified to care for all your dental needs!

To enroll, simply fill out the enclosed enrollment form & return it with your payment. We accept checks, money orders or credit cards. Please make checks out to Daniels Dental Care.

In-House Dental Plan

- Individual ~ \$199/12 mo.
- Additional Member ~ \$99/12 mo.

Preventive Dentistry

Service	Included With Plan	Example Std. Fee/Up to
Initial & Check-up Exams ...	No Charge	\$52-\$101 (two per 12-month period)
Initial & Check-up X-Rays ..	No Charge	\$121-\$150 (one per 12-month period)
Cleaning (Prophylaxis)	No Charge	\$110 (two per 12-month period)
Children's Exam, Cleaning, Necessary X-Rays & Fluoride Treatment	No Charge	\$302 (ages 12 & under, two per 12-month period)

Periodontics

Service	Example 20% Disc. Fee	Example Std. Fee/Up to
Root Planing (Deep Cleaning) per quad	\$248	\$310
Periodontal Maintenance	\$117	\$146

Orthodontics

Service	Example 20% Disc. Fee	Example Std. Fee/Up to
Invisalign®	\$3,840	\$4,800
Nightguard	\$511	\$639

Fillings

Service	Example 20% Disc. Fee	Example Std. Fee/Up to
1 Surface	\$171-\$198	\$214-\$248 (composite/tooth-colored)
2 Surfaces	\$214-\$216	\$268-\$270 (composite/tooth-colored)
3 Surfaces	\$238-\$247	\$298-\$309 (composite/tooth-colored)
4 Surfaces	\$270-\$298	\$338-\$373 (composite/tooth-colored)

Obstructive Sleep Apnea

Service	Example 20% Disc. Fee	Example Std. Fee/Up to
Sleep Apnea Appliance.....	\$2,500	\$3,125

Crowns

Service	Example 20% Disc. Fee	Example Std. Fee/Up to
Porcelain PFM Crown	\$940	\$1,175
Gold Crown	\$965	\$1,206 (per unit)
Ceramic Crown	\$1,020	\$1,275

Other Treatments

Service	Example 20% Disc. Fee	Example Std. Fee/Up to
Emergency Exam	\$63	\$79 (problem-focused, does not include x-rays)
Single X-Ray	\$26	\$32
Sealants (per tooth).....	\$40	\$50

Services not listed here can be discussed on a case-by-case basis.

Standard fees are based on ideal treatment. Fees subject to yearly increase.

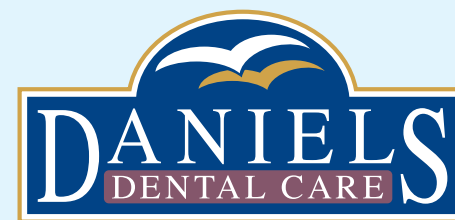
Please Fill Out & Send This Form in Today to Begin Coverage!

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 payable to Daniels Dental Care.



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 www.DanielsDentalCare.com

Patients agree that Daniels Dental Care 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. Our discount services apply to treatment rendered at Daniels Dental Care at the discretion of Dr. Daniels.