

Complete This Form to Begin Coverage Today

Please List All Children You Wish to Enroll:

First Name _____

Last Name _____

Middle Initial _____ Son / Daughter

Date of Birth _____

First Name _____

Last Name _____

Middle Initial _____ Son / Daughter

Date of Birth _____

First Name _____

Last Name _____

Middle Initial _____ Son / Daughter

Date of Birth _____

First Name _____

Last Name _____

Middle Initial _____ Son / Daughter

Date of Birth _____

No Deductibles, Ever



Low-Cost Dental Coverage

Premiums for Less Than
\$1.50/day

Join Schoepflin Dental Excellence's In-House Premier Dental Coverage

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

Cleanings Brighten Your Smile & Help Prevent Disease!

Heart Disease • Strokes • Worsening Asthma
Worsening Diabetes • Pregnancy Complications
Alzheimer's • Dementia

Sources: National Institute of Health, NYU, University of
Pennsylvania Dental School, Journal of Alzheimer's Disease, Penn Medicine,
British Dental Journal & Many More.

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6500 Southeast Mile Hill Drive, Port Orchard, WA 98366

360-871-2959
SchoepflinDDS.com

chrisad

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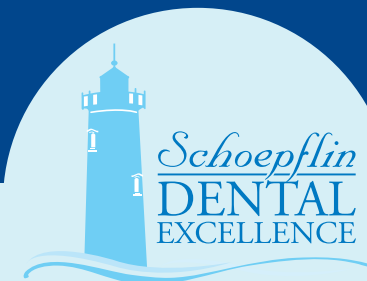


Easy & Affordable Dental Coverage

Premiums for Less Than
\$1.50/day



- No Deductibles, Ever!
- All Health Conditions Accepted
- No Health Questions or Hassles to Apply



Affordable Dental Coverage for the Whole Family!

No Deductibles, Ever

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 Schoepflin Dental Excellence.

Standard Plan AP, PED

Individual: \$42/mo./\$504/yr.*

2 Adults: \$63/mo. \$756/yr.*

Child under 18: \$22/mo./\$264/yr.*

Periodontal Plan PPRO

Individual: \$55/mo./\$660/yr.*

2 Adults: \$82.50/mo./\$990/yr.*

Perio Maintenance & AP Couple PPRO/AP

2 Adults: \$75/mo./\$900/yr.*

*Monthly payment plan is available to patients providing direct deposit or credit card access.

Standard Plan AP, PED	Periodontal Plan PPRO	Perio Maintenance & AP Couple PPRO/AP
2 Exams	3 Exams	3 Exams
2 Cleanings	3 Cleanings	3 Cleanings
1 Emergency Exam	1 Emergency Exam	1 Emergency Exam
2 Fluoride Treatments	2 Fluoride Treatments	2 Fluoride Treatments
Full Set of X-Rays	Full Set of X-Rays	Full Set of X-Rays
Other Treatment		
Fillings		\$242
Crowns		\$1,199
Cosmetic Consultation		\$100
Cosmetic Whitening		\$50

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
Schoepflin Dental Excellence.



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Patients agree that Schoepflin Dental Excellence 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.

