

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 _____

Your Safety Is Our Top Priority

We have improved our already extremely rigid sterilization standards in order to virtually eliminate the possibility of disease transmission to both staff & patients in our office.



Centers for Disease Control and Prevention™

- The Most Advanced Antiseptic Procedures to Meet or Exceed Strict CDC Guidelines
- Heat-Sterilized Instruments & Filtered Water Lines
- Continual Disinfection of Our Office
- Knowledgeable Staff Who Care Deeply About Community Health

Low-Cost Dental Coverage

Premiums as Low as \$39.99/mo.

Enroll Today!

Join Schoepflin Dental Excellence's In-House Premier 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.



6500 Southeast Mile Hill Drive
Port Orchard, WA 98366

360-871-2959

SchoepflinDDS.com  

chrisad

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Easy & Affordable Dental Coverage

Premiums as Low as \$39.99/mo.



Further Heightened Sterilization Standards!



- 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 Schoepflin Dental Excellence.

Low-Cost Dental Coverage

- Individual Premium ~ \$39.99/mo.*
- Individual & Spouse Premium ~ \$59.99/mo.*
- Family Plan Premium ~ \$99.99/mo.* (2 adults & 2 kids)**
- Additional Child in Family Premium ~ \$19.99/mo.*

*Monthly payment plan is available to patients providing direct deposit or credit card access.
**Children up to age 18.

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

Periodontics

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

Periodontal.....	\$179
Quadrant Maintenance	

Affordable Dental Coverage for the Whole Family!

Restorative Dentistry

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

Filling.....	\$205
Crown.....	\$1,099

Other Treatments

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

Cosmetic Whitening.....	\$99
Cosmetic Consultation.....	No Charge
Emergency Exam.....	\$30

Please Inquire
About Services Not
Listed Here!

Healthy
Gums Improve
Your Resistance
to Disease!



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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SchoepflinDDS.com

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.