



Please List All Unmarried Children Up to Age 20

Fill out & send this form in today to start saving!

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 ____/____/____



Welcome to Our Office!

Join Ala Moana Dental Care's In-House Premier Dental Plan

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

Start Saving Today!

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

Our Plan Includes the Following Services at No Charge:

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

Convenient Appointments Before & After Work or School!

Trusted, Comfortable Dental Excellence

As Low as \$16/mo.



We are conveniently located on the ground floor at the corner of Kapiolani Boulevard & Mahukona Street. Call today for your appointment.



1601 Kapiolani Boulevard, Suite 101
Honolulu, HI 96814

We cordially invite you to call
(808) 941-5555

Visit us online at
www.AlaMoanaDentalCare.com

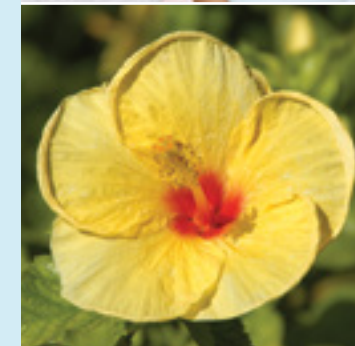
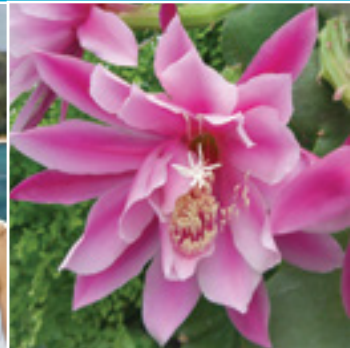
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As Low as \$16/mo.

Affordable Dental Coverage

For You & Your Entire Family



Dr. Devereux & His Family



We're Making Excellence in Dentistry Affordable for You!

As Low as
\$16/mo.



Call today for more details
(808) 941-5555

Visit us online at
www.AlaMoanaDentalCare.com

Now you can join our low-cost dental plan for a nominal membership fee. Our plan 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 checks or money orders payable to Ala Moana Dental Care.

- Co-payments must be paid at the time of service.
- Any service not paid for at the time of service will be billed at usual & customary fees.
- Valid for one year from date of sign-up.



Start Saving Today!

Our Low-Cost Co-Payment Guide

Preventive Dental Care

Service	Co-Payment	Regular Fees (as much as)
Examination	No Charge	\$85
X-Rays	No Charge	\$130
Cleaning (Prophylaxis)	No Charge	\$89
Fluoride Treatment for Children	No Charge	\$38

Fillings

Service	Co-Payment	Regular Fees (as much as)
1 Surface (composite/tooth-colored)	\$168	\$210
2 Surfaces (composite/tooth-colored)	\$212	\$265
3 Surfaces (composite/tooth-colored)	\$252	\$315
4 Surfaces (composite/tooth-colored)	\$296	\$370

Periodontics

Service	Co-Payment	Regular Fees (as much as)
Laser Tissue Management	\$77	\$96
Periodontal Maintenance	\$104	\$130

Orthodontics

Service	Co-Payment	Regular Fees (as much as)
Invisalign® (Financing available as low as \$99/mo.)	\$4,400	\$5,400
NTI Nightguard	\$308	\$384

Crowns/Bridges

Service	Co-Payment	Regular Fees (as much as)
Porcelain Crown (per unit)	\$868	\$1,085
Gold Crown (per unit)	\$839	\$1,048

Cosmetic Dentistry

Service	Co-Payment	Regular Fees (as much as)
Zoom!® Cosmetic Whitening	\$519	\$648

Other Treatments

Service	Co-Payment	Regular Fees (as much as)
Cosmetic Consultation	No Charge	\$95
Emergency Exam	\$52	\$64
Sealants (per tooth)	\$35	\$43

Please Fill Out & Send This Form in Today to Start Saving!

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 **Ala Moana Dental Care**,
1601 Kapiolani Boulevard, Suite 101, Honolulu, HI 96814.



Low-Cost Dental Plans

- Individual ~ \$16/mo.*
- Individual & Spouse ~ \$23/mo.*
- Family Plan ~ \$31/mo.*
(two adults & two kids)
- Additional Child in Family ~ \$5/mo.*

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

Patients agree that Ala Moana 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. 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.

