We're Making Excellence in Dentistry Affordable for You!

Affordable Dental Coverage
For You & Your Entire Family

Low-Cost Dental Coverage
As Low as $17/mo.

We are located in Pearlridge Uptown next to Kaiser Permanente.

Enroll Today!

Join Dental Care of Pearlridge’s In-House Premier Dental Coverage

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

Our Affordable Coverage Includes the Following Services at No Charge:

- Comprehensive Exam (once every 6 months)
- X-Rays (once every 12 months)
- Fluoride Treatment for Children (under the age of 18, once every 6 months)
- Cleaning (Prophylaxis) (once every 6 months)

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 ______________________________

Complete This Form to Begin Coverage Today

As Low as $17/mo.

DENTAL CARE OF PEARL RIDGE
98-1005 Moanalua Road, Suite 2000, Aiea, HI 96701
808-489-9530
DentalCareOfPearlridge.com

As Low as $17/mo.

DENTAL CARE OF PEARL RIDGE
We’re Making Excellence in Dentistry Affordable for You!
Affordable Dental Coverage for the Whole Family!

Now you can join our low-cost dental coverage for a nominal membership fee. 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 your check or money order payable to Dental Care of Pearlridge.

Low-Cost Dental Coverage
$197/yr. per person

Preventive Dentistry

<table>
<thead>
<tr>
<th>Service</th>
<th>Co-Payment “Basic Care”</th>
<th>Regular Fees as High as</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td>No Charge</td>
<td>$88</td>
</tr>
<tr>
<td>X-Rays (every 12 months)</td>
<td>No Charge</td>
<td>$143</td>
</tr>
<tr>
<td>Adult Cleaning</td>
<td>No Charge</td>
<td>$150</td>
</tr>
<tr>
<td>Children’s Cleaning</td>
<td>No Charge</td>
<td>$105</td>
</tr>
<tr>
<td>Fluoride Treatment</td>
<td>$20 + Tax</td>
<td>$75</td>
</tr>
</tbody>
</table>

for Children (every 6 months)

Other Treatments

<table>
<thead>
<tr>
<th>Service</th>
<th>Co-Payment “Basic Care”</th>
<th>Regular Fees as High as</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cosmetic Consultation</td>
<td>No Charge</td>
<td>$95</td>
</tr>
<tr>
<td>Cosmetic Whitening</td>
<td>$99</td>
<td>$550</td>
</tr>
<tr>
<td>Sealants (per tooth)</td>
<td>$25</td>
<td>$55</td>
</tr>
<tr>
<td>Periodontal Maintenance</td>
<td>No Charge</td>
<td>$171</td>
</tr>
<tr>
<td>(gum treatment)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Orthodontics

<table>
<thead>
<tr>
<th>Service</th>
<th>Co-Payment “Basic Care”</th>
<th>Regular Fees as High as</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nightguard</td>
<td>$400</td>
<td>$550</td>
</tr>
<tr>
<td>Invisalign</td>
<td>$5,795</td>
<td>$7,244</td>
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</table>

Restorative Dentistry

<table>
<thead>
<tr>
<th>Service</th>
<th>Co-Payment “Basic Care”</th>
<th>Regular Fees as High as</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-Surface Filling</td>
<td>$149</td>
<td>$231</td>
</tr>
<tr>
<td>Crown</td>
<td>$896</td>
<td>$1,210</td>
</tr>
<tr>
<td>Root Canal</td>
<td>$728</td>
<td>$956</td>
</tr>
<tr>
<td>Denture-Top</td>
<td>$1,075</td>
<td>$1,458</td>
</tr>
<tr>
<td>Extraction</td>
<td>$218</td>
<td>$264</td>
</tr>
<tr>
<td>Implant</td>
<td>$3,500</td>
<td>$4,500</td>
</tr>
</tbody>
</table>

Please Inquire About Services Not Listed Here!

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 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 Dental Care of Pearlridge.

DENTAL CARE OF PEARL RIDGE
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808-489-9530
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Patients agree that Dental Care of Pearlridge 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. Membership renews automatically unless member formally requests otherwise in advance.