Low-Cost Individual Dental Plan As low as \$225/yr.

ENROLL TODAY!

KEEP YOUR SMILE BRIGHT & HEALTHY

2 FREE CLEANINGS PERYEAR

Our Affordable Plan Includes the Following Services at No Charge:

- Comprehensive Exam (once every 6 months)
- Fluoride Treatment for Children (once every 6 months)
- X-rays (once every 12 months)
- Cleanings (Prophylaxis) (once every 6 months)

Plus 20% off of all treatment





Join Expressions in Dentistry's In-House Premier Dental Plan

Valid only at Expressions in Dentistry.

It's a discounted fee schedule for most Services without all the limitations.

- All Conditions Accepted!
- You Cannot Be Denied Coverage!
- No Deductibles!
- No Yearly Maximums!
- No Waiting Periods!
- No Pre-existing Exclusions!

Our office is conveniently located in Folsom between Oak Avenue Parkway & Creekside

2304 East Bidwell Street, Suite 100 Folsom, CA 95630

(916)983-6767

email us at info@expressionsindentistry.com



PREMIER PLAN

Affordable Dental Coverage

For You & Your Family



We are Making
Excellence in Dentistry
Affordable
for You!

Low-Cost Individual Dental Coverage

Start saving today!

Our yearly membership plan entitles you to preventative dental care at no cost to you plus a 20% discount on all diagnosed treatment. (some exclusions apply)

To Enroll, simply fill out the attached enrollment form and return it to our office with your desired payment.

We accept cash, checks & most credit cards.

Available Financing through Care Credit. With this option a 13% discount will be given on most Dental Services including cosmetic treatment.

Preventative Dentistry

With **Membership**

Services

for Children (every 6 months)

Fluoride Treatment......No Charge

PREMIER PLAN MEMBERSHIP

\$225 per year

for each patient

OUR SERVICES

DENTAL IMPLANTS

SEDATION DENTISTRY

FULL MOUTH RECONSTRUCTION

WISDOM TEETH REMOVAL

COSMETIC DENTISTRY

SLEEP APNEA

FASTBRACES

INVISALIGN

EMERGENCY DENTISTRY

Please Visit our website: www.folsomexpressionsindentistry.com

2 Free Cleanings a year Plus 20% Off

PLEASE FILL OUT THIS FORM TO BEGIN COVERAGE TODAY!!

MAME.

NAME:
DATE OF BIRTH:
ADDRESS:
PHONE NUMBER:
PLEASE LIST ADDITIONAL FAMILY MEMBERS:
1
2.
3.
4.
5
CREDIT CARD NUMBER:
EXPRATION DATE:
SECURITY CODE:
SIGNATURE:

PLEASE GIVE PAYMENT INFORMATION TO OFFICE

