

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 _____

Stay Healthy With
Regular Cleanings!



Low-Cost Dental Coverage
Premiums for Less Than \$1/day

Enroll Today!

Join Aura Family Dental'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.



1164 East Yosemite Avenue, Manteca, CA 95336

209-624-3131

AuraFamilyDental.com

Easy & Affordable
Dental Coverage

Premiums for Less Than
\$1/day



- 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 Aura Family Dental.

Low-Cost Dental Coverage

- Individual Premium ~ \$250/yr.*
- Individual & Spouse Premium ~ \$300/yr.*
- Family Plan Premium (2 adults & 2 kids) ~ \$350/yr.*
- Additional Child in Family Premium ~ \$50/yr.*

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

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

Braces

Dental Services	Co-payment
Invisalign® (financing as low as \$99/mo.).....	\$5,000
Braces Consultation	No Charge

Restorative Dentistry

Dental Services	Co-payment
Filling (one surface)	\$158
Filling (two surface)	\$205
Filling (three surface)	\$248
Filling (four surface).....	\$284
Crown	\$1,033
Root Canal (anterior)	\$650
Root Canal (premolar)	\$750
Root Canal (molar)	\$900
Dentures (top & bottom).....	\$1,600
Partial Dentures	\$1,700
Implant Fixture	\$999
Implant Abutment.....	\$700
Implant Crown.....	\$1,200

Other Treatments

Dental Services	Co-payment
Sealants (per tooth)	\$25
Nightguard	\$350
Cosmetic Whitening	\$300
Cosmetic Consultation	No Charge
Emergency Exam	No Charge

Please Inquire About Services Not Listed Here!



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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
Aura Family Dental.



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Patients agree that Aura Family Dental 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.