

# Complete This Form to Begin Coverage Today

Please List All Unmarried Kids Up to Age 20

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 \_\_\_\_\_

Our Affordable Coverage Includes the Following Services at No Charge:

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



## Low-Cost Dental Coverage

As Low as \$250/yr.

We are located on the corner of Shaw Avenue & Dewitt Avenue, across the street from Olive Garden.

## Enroll Today!

### Join Hibbard Dental Care'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!



**Hibbard Dental Care**  
*Personalized & Comfortable*

334 Shaw Avenue, Suite 103  
Clovis, CA 93612  
559-298-0222  
HibbardDDS.com



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# Affordable Dental Coverage

For You & Your Entire Family

As Low as \$250/yr.



We're Making Excellence in Dentistry Affordable for You!



# Affordable Dental Coverage for the Whole Family!

Complete  
This Form to  
Begin Coverage  
Today!



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 check or money order payable to Hibbard Dental Care.

## Low-Cost Dental Coverage

- Individual ~ \$21/mo.\*
- Individual & Spouse ~ \$36/mo.\*
- Additional Child in Family ~ \$9 /mo.\*

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

## Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
1-Surface Filling . . . . .	\$204 . . . . .	\$240
2-Surface Filling . . . . .	\$245 . . . . .	\$289
3-Surface Filling . . . . .	\$331 . . . . .	\$390
4-Surface Filling . . . . .	\$416 . . . . .	\$490
Crown . . . . .	\$1,060 . . . . .	\$1,247
Crown Buildup . . . . .	\$274 . . . . .	\$323
Root Canal–Anterior . . . . .	\$947 . . . . .	\$1,114
Root Canal–Molar . . . . .	\$1,420 . . . . .	\$1,671
Denture–Top . . . . .	\$1,396 . . . . .	\$1,643
Denture–Bottom . . . . .	\$1,491 . . . . .	\$1,755

Please Inquire About Services  
Not Listed Here!

## Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Examination . . . . .	No Charge . . . . .	\$101
X-Rays (every 12 months) . . . . .	No Charge . . . . .	\$190
4 Bitewing X-Rays . . . . . (every 12 months)	No Charge . . . . .	\$83
Adult Cleaning . . . . . (every six months)	No Charge . . . . .	\$112
Children's Cleaning . . . . . (every six months)	No Charge . . . . .	\$88
Fluoride Treatment . . . . . for Children (every six months)	No Charge . . . . .	\$62

## Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Soft Tissue Maintenance . . . . . (per quadrant)	\$265 . . . . .	\$312
Periodontal Maintenance . . . . .	\$129 . . . . .	\$152

## Orthodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Nightguard . . . . .	\$390 . . . . .	\$490

## Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Emergency Exam . . . . .	\$78 . . . . .	\$92
Sealants (per tooth) . . . . .	\$70 . . . . .	\$83
Cosmetic Whitening . . . . .	\$290 . . . . .	\$390

First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Middle Initial \_\_\_\_\_ Female / Male  
 Home Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ S.S.# \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Spouse Name \_\_\_\_\_  
 Middle Initial \_\_\_\_\_ Female / Male  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ S.S.# \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Enrollment Period \_\_\_\_\_ to \_\_\_\_\_  
 Signature (member & spouse) \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_  
 American Express / Discover / MasterCard / Visa  
 Card Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_

Make check or money order payable to  
Hibbard Dental Care.



334 Shaw Avenue, Suite 103 • Clovis, CA 93612  
 559-298-0222  
 HibbardDDS.com

Patients agree that Hibbard 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. 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 annually on the day & month of initial enrollment. Membership renews automatically unless member formally requests otherwise in advance.