

**Please List All Children Living
in the Household Up To Age 18**

**Low-Cost Individual Dental Plan
As Low as \$299/yr.**

Child's First Name: _____

Child's Last Name: _____

Middle Initial: _____ Son ___ Daughter ___

Date of Birth: _____

Child's First Name: _____

Child's Last Name: _____

Middle Initial: _____ Son ___ Daughter ___

Date of Birth: _____

Child's First Name: _____

Child's Last Name: _____

Middle Initial: _____ Son ___ Daughter ___

Date of Birth: _____

Child's First Name: _____

Child's Last Name: _____

Middle Initial: _____ Son ___ Daughter ___

Date of Birth: _____

**Our Affordable Plan Includes the
Following Services at No Charge:**

1. Exam: Twice Per Calendar Year
2. Cleaning (Prophylaxis): Twice Per Calendar Year
3. Fluoride Application
4. Dental X-Rays
5. Unlimited Consultation
6. Same Day Emergency Appointment



Dr. Hani Jamah

Diplomat in Dental Implants

Enroll Today!
Join Jamah Dental Care
& Implant Center

This is a discounted fee schedule for most services, only good at Jamah Dental Care. You save on everything from cleaning & fillings to cosmetic procedures, crowns & implants .

- All Health Conditions Accepted!
- You Cannot Be Denied Coverage!
- No Deductibles!
- No Health Questions!



Please Call: (408) 578-5911
www.Mysiliconvalleysmile.com

Phone: (408) 578-5911 • Fax: (408) 578-5935

Affordable Dental Coverage

For You & Your Entire Family



Trusted, Caring and Affordable
Dental Care

(408) 578-5911

Please Fill Out & Send This Form in Today to Begin Coverage!

0% Interest Financing Available

Now you can join our low-cost dental plan for a nominal membership fee. Our plan entitles you to preventive dental care at affordable cost! Corrective services are available with special membership discounts. Our professional staff is qualified to care for all of your dental needs! To enroll, simply fill out the attached enrollment form and return it to us with your payment.

Low-Cost Dental Plans

- Individual \$299 per year
- Individual & Spouse - \$550 per year
- Family Plan - 2 adults and 2 kids (up to age 18) \$789 per year
- Additional Child in Family - \$150 per year up age 18

| Service | Membership Fee | Regular Fee | Note |
|---|----------------|-------------|--------------------------------|
| Examination | No Charge | \$100 | Twice a year |
| Bite Wings X-Rays <small>(Every 12 months)</small> | No Charge | \$79 | Taken every other cleaning |
| Full Mouth X-Rays <small>(every 5 years)</small> | No Charge | \$210 | Taken at the first appointment |
| Fluoride Application | No Charge | \$42 | Every cleaning |
| Cleaning <small>(every 6 months)</small> | No Charge | \$110 | Twice a year |
| Emergency Exam | No Charge | \$175 | Unlimited |

Saving a total of \$716 per year per person

* Warranty valid only if patient is regular with cleaning twice a year.

In-House plan members get the following extra privilege:

10% DISCOUNT on All Dental Treatments such as:

Crowns, Veneers, Bridges, White Fillings, Night Guards, Whitening, Deep Cleaning and Periodontal Maintenance, Wisdom Teeth Removal, Children Dentistry, Sealants, Sedation, Root Canal, Laser Dentistry and Full Mouth Reconstruction (Smile makeover), and Dental Implants.

Patients agree that Jamah Dental fees 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.

First Name: _____

Last Name: _____

Middle Initial: _____ Male _____ Female _____

Home Address: _____

City _____ State _____ Zip _____

Phone: _____

Email: _____

Date of Birth: ____ / ____ / ____ SS# _____

Spouse First Name: _____

Last Name: _____

Middle Initial: _____ Male _____ Female _____

Date of Birth: ____ / ____ / ____ SS# _____

Enrollment Period: _____ to _____

Signature (member & spouse)

_____ Date _____

_____ Date _____



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