

# Please List All Unmarried Children Up to Age 20

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

- Child's First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Son / Daughter  
Date of Birth \_\_\_\_\_
- Child's First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Son / Daughter  
Date of Birth \_\_\_\_\_
- Child's First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Son / Daughter  
Date of Birth \_\_\_\_\_
- Child's First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Son / Daughter  
Date of Birth \_\_\_\_\_
- Child's First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Son / Daughter  
Date of Birth \_\_\_\_\_

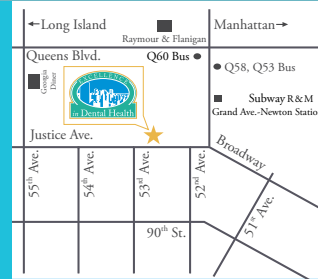
## Our Affordable Coverage Includes the Following Services at No Charge:

- Examination (once every six months)
- Digitized X-Rays Recall Series (once every 12 months)
- Fluoride Treatment for Children (under the age of 13, once every six months)
- Regular Cleaning (Prophylaxis) (once every six months, twice per calendar year)
- Laser Cavity Detection (DIAGNOdent®)

## Low-Cost Dental Coverage

As Low as \$199/yr.

Our office is located on Justice Avenue between 52<sup>nd</sup> & 53<sup>rd</sup> avenues.



## Enroll Today!

### Join Excellence in Dental Health's In-House Premier Dental Coverage

It's a discounted fee schedule for most services, only good at Excellence in Dental Health. You save on everything from cleanings & fillings to cosmetic procedures & crowns!

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



8708 Justice Avenue  
Suite 2-0  
Elmhurst, NY 11373  
718-639-8473

DrTiangco.com

As Low as \$199/yr.

# Affordable Dental Coverage

For You & Your Entire Family



We're Making Excellence in Dentistry Affordable for You!

# Low-Cost Dental Coverage

## Low-Cost Dental Coverage

- Individual ~ \$199/year
- Individual & Spouse ~ \$299/year
- Child Under 16 ~ \$75/year

Full payment is expected upon enrollment & as services are rendered.

## Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
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Examination & Consultation . . . . .	No Charge . . . . .	\$65
Digitized X-Rays Recall Series . . . . .	No Charge . . . . .	\$186
Regular Cleaning (Prophylaxis) . . . . .	No Charge . . . . .	\$89 (twice per year)
Fluoride Treatment . . . . .	No Charge . . . . .	\$69 for Children 13 & Younger (once per year)
Laser Cavity Detection . . . . .	No Charge . . . . .	\$35 (DIAGNOdent®)
Intraoral Camera Exam . . . . .	No Charge . . . . .	\$65

## Fillings (composite/tooth-colored)

Service	Co-Payment "Basic Care"	Regular Fees as High as
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Composite: 1 Surface . . . . .	\$140 . . . . .	\$200
Composite: 2 Surfaces (Posterior) . . . . .	\$189 . . . . .	\$270
Composite: 3-4 Surfaces (Posterior) . . . . .	\$235 . . . . .	\$335
Cosmetic Bonding: 4 Surfaces . . . . .	\$315 . . . . .	\$395 (Anterior)

## Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
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Anti-Snoring Device . . . . .	\$350 . . . . .	\$475
20-Minute Teeth Whitening . . . . .	\$169 . . . . .	\$325
Emergency Palliative Treatment . . . . .	\$65 . . . . .	\$110
Sealants (per tooth) . . . . .	\$45 . . . . .	\$65

## Removable Dentures

Service	Co-Payment "Basic Care"	Regular Fees as High as
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Flipper (up to three teeth) . . . . .	\$650 . . . . .	\$750
Complete Upper or Lower Denture . . . . .	\$1,600 . . . . .	\$2,100 (per arch-acrylic-based)
Denture Reline (chairside) . . . . .	\$285 . . . . .	\$420
Denture Reline (laboratory) . . . . .	\$475 . . . . .	\$650

## CEREC® 3-D • Crowns • Inlays • Onlays (single visit)

Service	Co-Payment "Basic Care"	Regular Fees as High as
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Porcelain/Ceramic CEREC® Crown . . . . .	\$1,000 . . . . .	\$1,300 (posterior, tooth-colored)
CEREC® Porcelain/Ceramic . . . . .	\$975 . . . . .	\$1,200 Inlay: 2-3 Surfaces (tooth-colored)
CEREC® Porcelain/Ceramic . . . . .	\$950 . . . . .	\$1,200 Onlay: 3-4 Surfaces (tooth-colored)
Porcelain Fused to Noble . . . . .	\$1,100 . . . . .	\$1,300 Metal Crown

## Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
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Full-Mouth Debridement . . . . .	\$175 . . . . .	\$285
Laser Bacterial Reduction . . . . .	\$55 . . . . .	\$75 (after prophylaxis)
Laser-Assisted Root Planing . . . . .	\$225 . . . . .	\$250 Bacterial Reduction (three or more teeth per quadrant)
Scaling & Root Planing . . . . .	\$225 . . . . .	\$250 (four or more teeth per quadrant)
Periodontal Maintenance . . . . .	\$175 . . . . .	\$285

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 orders payable to Dolores R. Tiangco, DMD, PC.

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

First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Middle Initial \_\_\_\_\_ Female / Male  
 Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ S.S.# \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Spouse First Name \_\_\_\_\_

Last Name \_\_\_\_\_  
 Middle Initial \_\_\_\_\_ Female / Male

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ S.S.# \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Enrollment Period \_\_\_\_\_ to \_\_\_\_\_

Printed Name & Signature (member & spouse) \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_

MasterCard / Visa / Discover / American Express  
 Card Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 Zip Code \_\_\_\_\_ CVS Code \_\_\_\_\_

Make check payable to **Dolores R. Tiangco, DMD, PC**



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 Elmhurst, NY 11373  
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**DrTiangco.com**

Patients agree that Excellence in Dental Health 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. Plan fees are valid only when paid at the time of enrollment. This is not an insurance product.