

Please List All Unmarried
Children Up to Age 18

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

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 _____
5. 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 Treatment for Children (under the age of 18, once every six months)
- Cleaning (Prophylaxis) (once every six months)

Low-Cost Dental Coverage
As Low as \$199/yr.

We are located
on Amelia Street, between
Coliseum & Chestnut streets.



Enroll Today!

Join Camenzuli Dental Excellence's In-House Patient Dental Coverage

It's a discounted fee schedule for most services, only good at Camenzuli Dental Excellence. You save on most services 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!



1319 Amelia Street
New Orleans, LA 70115

504-895-3400

CamenzuliDental.com

chrisad

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Affordable Dental Coverage

For You & Your Entire Family

As Low as
\$199/yr.



We're Making Excellence in
Dentistry Affordable for You!

Low-Cost Dental Coverage

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 Camenzuli Dental Excellence.

Low-Cost Dental Coverage

- Individual ~ \$199/yr.
- Individual & Spouse ~ \$379/yr.
- Family Plan ~ \$499/yr.
(two adults & two kids under age 18)
- Additional Child in Family ~ \$89/yr.
(under age 18)

Fees are for cash only with payment at time of service. Different discounts apply if financing is used.



Preventive Dentistry

Service	Co-Payment	Regular Fees as High as
Examination & Oral Cancer Screening	No Charge	\$89
Bitewing X-Rays (every 12 months)	No Charge	\$63
Adult Cleaning (every six months)	No Charge	\$92
Children's Cleaning (every six months)	No Charge	\$63
Fluoride Treatment for Children (every six months)	No Charge	\$46

Please Inquire About Services Not Listed Here!

Restorative Dentistry

Service	Co-Payment	Regular Fees as High as
Filling ~ 1 surface (tooth-colored)	\$160	\$186
Filling ~ 2 surfaces (tooth-colored)	\$209	\$246
Filling ~ 3 surfaces (tooth-colored)	\$260	\$305
Filling ~ 4 surfaces (tooth-colored)	\$318	\$374
Crowns	\$978	\$1,150 (Prices may vary based on material used, per unit)

Periodontics

Service	Co-Payment	Regular Fees as High as
Gum Disease Maintenance (once every 3 months)	\$124	\$145
Gum Disease Therapy (scaling per quadrant)	\$199	\$235

Other Treatments

Service	Co-Payment	Regular Fees as High as
Cosmetic Consultation	No Charge	\$102
Emergency Exam (First emergency exam per year is free. Any additional emergency exams charged at a rate of \$60 each.)	No Charge	\$194
Sealants (per tooth)	\$37	\$54
Surgical Extractions	\$201	\$255
Root Canal	\$931	\$1,140
Grinding Guard/TMJ Splint	\$390	\$453

Most Services Discounted 15%!

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 _____

Signature (member & spouse) _____

_____ Date _____

_____ Date _____

American Express / Discover / MasterCard / Visa

Card Number _____

Expiration Date _____

Make check payable to Camenzuli Dental Excellence



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CamenzuliDental.com

Patients agree that Camenzuli Dental Excellence 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.