



Now you can join our-low cost dental plan for a nominal membership fee. Our plan entitles you to preventative dental care at no cost! Corrective services are available far below 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 the form with your check, money order or credit card information. Please make checks or money orders payable to Dr. Nazita Gaff.

- Co-payments must be paid at the time of service.
- Any services not paid for at that time will be billed at usual, customary and reasonable rates.
- Valid for one year from date of sign up.
- This is not an insurance product.



Co-Payment Schedule

Preventative Dental Care

Examination ~ No Charge
 X-Rays ~ No Charge
 Cleaning (every 6 months) - \$59
 Regular value of \$90.
 Fluoride Treatment for Children (every 6 months)
 No Charge ~ Regular value of \$40.

Fillings

1 Surface (Composite-Tooth-Colored) ~ \$105
 Regular value of \$173.
 2 Surfaces (Composite-Tooth-Colored) ~ \$140
 Regular value of \$233.
 3 Surfaces (Composite-Tooth-Colored) ~ \$150
 Regular value of \$250

Extractions and Root Canal Therapy

1 Canal ~ \$425
 Regular value of \$650.
 2 Canals ~ \$525
 Regular value of \$750.
 3 Canals ~ \$626
 Regular value of \$895.

Periodontics

Deep Cleaning per quadrant - \$154
 Regular value of \$257.
 Gingivectomy ~ \$120 (per tooth)
 Regular value of \$300.
 Osseous Surgery - \$800 (per quadrant)
 Regular value of \$1200.

Extractions

Simple ~ \$66
 Regular value of \$110.
 Surgical ~ \$147
 Regular value of \$257.

Removable Dentures/Crowns/Bridges

Full Upper/Lower ~ \$800
 Regular value of \$1250.
 Partial Upper/Lower ~ \$880
 Regular value of \$1350.
 Denture Reline (every 6 months) - \$189
 Regular value of \$315.
 Porcelain Crown - \$875
 Regular value of \$1100.
 Bridge Each Unit - \$660
 Regular value of \$1100.

Other Treatment

Home-Bleaching Kit ~ 100
 Regular value of \$299.
 Emergency Treatment Exams ~ \$39
 Regular value of \$75.
 Sealants - \$41/tooth
 Regular value of \$68.
 Night Guard - \$309
 Regular value of \$515.

Call today for more details
(714) 424-9099

Visit us on the Web at
www.MyCostaMesaDentist.com

Sensational Dental Care Enrollment Information

Last Name _____ First _____ Middle Initial _____ Female / Male _____
 Home Address _____ City _____ State _____ Zip _____
 Home Phone _____ Date of Birth ____/____/____ S.S.# ____-____-____
 Employer _____ Address _____ Make Check Payable
 Work Phone _____ Occupation _____ to Dr. Nazita Gaff
 Mastercard / Visa / Discover Card Number _____ Exp. Date ____/____/____
 Spouse Last Name _____ First _____ Middle Initial _____
 Female / Male _____ Date of Birth ____/____/____ S.S.# ____-____-____
 Signature (member and spouse) _____

Patient agrees that Sensational Dental Care Fees stated must be paid at the time services are rendered. Any services not paid at time of service will be billed at the usual, customary and reasonable rates. Fee is valid only when paid at the time of enrollment. This is not an insurance product. Please be sure to sign this form and fill in the reverse side. Thank you.