

Sign up 2 ways

1. Sign up over the phone: 1-800-874-1986
2. Send your completed application with payment to:

COASTAL DENTAL GOLD PLAN
P.O. BOX 3470
CAMARILLO, CA 93011-3470

We accept VISA, MasterCard, Discover,
American Express, and Personal Checks.

For questions e-mail us at:
goldplan@coastaldental.com



Once signed up, all Participants will receive:

1. An ID Card
2. Coastal Dental Gold Plan Fee Schedule
3. Instant Savings! Your eligibility begins when you receive your ID card

COASTAL DENTAL INC.
is offering
a great dental plan to all Californians that will
**GIVE YOU DISCOUNTS ON
DENTAL SERVICES.**

Dental Plan Highlights

The Plan is not an Insurance Plan,
therefore all applicants are guaranteed
acceptance. This is a reduced fee for
service product

■
No waiting periods! No deductible!

■
A Best Value Plan with Preferred Dentist
charging a fixed Fee Schedule.

■
Take advantage of staying with your
existing Preferred Provider
under the Coastal Dental Gold Plan

■
No Limits on Number of Visits

■
No Dollar Caps on Service

■
Membership can be renewed every year.

CALL TO APPLY TODAY!

1-800-874-1986

Se Habla Español



Coastal Dental Inc.
A flexible alternative to insurance.

COASTAL DENTAL

Gold Plan



**A SPECIAL
PROGRAM
for
CALIFORNIA**

GET DISCOUNTS

ON DENTAL SERVICES
INCLUDING :

- x-rays
- exams
- fillings
- extractions
- root canals
- crowns
- bridges
- oral surgery
- endodontic and
- periodontal procedures

Call Coastal Dental at 1-800-874-1986 and get a FREE Gold Plan Dental Fee Schedule showing all reduced fees!

All Applicants Guaranteed Acceptance

No Dollar Caps on Services

No Deductible

No Limits on Number of Visits

No Claim Forms

No Deductibles

Totally Voluntary

No Annual Maximum

* One-time administration fee (non-refundable) of \$15 will be applied to all new applicants. In addition, \$15 will apply for each additional dependent over the five maximum (*applies to the family plan only*).

EXAMPLES OF SAVINGS

Procedure	*UCR Fee	**Member Pays	Savings
Comprehensive Exam	\$64.00	\$39.00	\$25.00
Prophylaxis—Adult	\$82.00	\$60.00	\$22.00
Full Mouth X-Rays	\$115.00	\$72.00	\$43.00
Cast Post & Core	\$388.00	\$149.50	\$238.50
Crown-Porcelain	\$1,000.00	\$750.00	\$250.00
TOTAL	\$1,649.00	\$1,070.50	\$578.50

* UCR FEE—Usual and Customary Rate Fees (may vary by Provider). UCR Fees are from the National Dental Advisory Service database.
** Member pays the fees directly to the dentist. Coastal Dental Inc. is not responsible for any Member Fees.

HOW DOES IT WORK? IT'S EASY!

- Select your participating Coastal Dental Provider.
- Call Coastal Dental at 1-800-874-1986 and sign up over the phone using your credit card. We accept VISA, MasterCard, Discover, American Express Or...
- Complete the enclosed enrollment form with your payment of choice and mail to:

COASTAL DENTAL GOLD PLAN
P.O. BOX 3470
CAMARILLO, CA 93011-3470

- Once you become a member you will receive a welcome package with individual ID cards and a Coastal Dental Gold Plan Fee Schedule.
- When you need dental services call a participating Coastal Dental Inc. Gold Plan Dentist and make an appointment. At the time of your visit, present your ID Card and pay your Dentist at the special reduced Gold Plan rate.
- Enjoy the savings!



Coastal Dental Gold Plan

Designed for Californians

MAIL TO:

Coastal Dental Gold Plan
P.O. Box 3470
Camarillo, CA 93011-3470

COASTAL DENTAL GOLD ENROLLMENT FORM

Last Name		First Name		Middle Name		Birth Date		PLAN USE ONLY	
Street Address		Home Telephone		City		State		Zip Code	
Signature		Work Telephone		Date		Type of Plan		Selection	
Spouse Name		Birth Date		Individual		Two Individuals		Family	
Dependent Name		Birth Date		One-Time Enrollment Fee		Total Paid		CVV2 #	
Dependent Name		Birth Date		One-Time Enrollment Fee		Total Paid		CVV2 #	
Dependent Name		Birth Date		One-Time Enrollment Fee		Total Paid		CVV2 #	
Dependent Name		Birth Date		One-Time Enrollment Fee		Total Paid		CVV2 #	
<input type="checkbox"/> Check <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard		<input type="checkbox"/> American Express <input type="checkbox"/> MasterCard		<input type="checkbox"/> VISA <input type="checkbox"/> Discover		Credit Card Number and Exp. Date		CVV2 #	
Attach a list of any additional dependents.		Make Payable to Coastal Dental		One-Time Enrollment Fee		Total Paid		CVV2 #	
NAME →		ADDRESS →		PHONE →		SIGNATURE →		SPOUSE →	
DEPENDENTS →		PAYMENT INFO →							

This is NOT INSURANCE. This is a reduced fee program only. All payments and services are between the specific Dentist and Patient with no implied or express warranty from Coastal Dental Inc. Members will have forty-five days from receipt of the Plan's Agreement to cancel their enrollment and receive a full refund less the \$15 administration fee, if they have not utilized the plan. *goldplan20081021*