

# Please List All Unmarried Children Up to Age 20

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 \$16/mo.



We are located off Dell Range Boulevard & Grandview Avenue.

## Enroll Today!

### Join Wyoming Cosmetic & Family Dental's In-House Premier Dental Coverage


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



4620 Grandview Avenue, Suite 101  
Cheyenne, WY 82009

307-635-2419

www.WyomingCosmeticDental.com 

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As Low as  
\$16/mo.

## Affordable Dental Coverage

For You & Your Entire Family



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 Wyoming Cosmetic & Family Dental.

## Low-Cost Dental Coverage

- Individual ~ \$199/yr.\*
- Each Additional Family Member ~ \$99/yr.\*

\*Billed Annually.

## Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Examination . . . . .	No Charge . . . . .	\$95
X-Rays (every 12 months) . . . . .	No Charge . . . . .	\$82
Adult Cleaning . . . . . (every six months)	No Charge . . . . .	\$95
Children's Cleaning . . . . . (every six months)	No Charge . . . . .	\$70
Fluoride Treatment . . . . . for Children (every six months)	No Charge . . . . .	\$45

Please Inquire About  
Services Not Listed Here!

## Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Filling . . . . .	\$192-\$360 . . . . .	\$240-\$450
Crown . . . . .	\$984-\$1,224 . . . . .	\$1,230-\$1,530

## Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Periodontal Maintenance . . . . . (gum treatment)	\$120 . . . . .	\$150

## Orthodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Powerprox® 6 Month Braces . . . . .		\$2,500-\$5,500 (financing available as low as \$199/mo.)

## Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Cosmetic Consultation . . . . .	No Charge . . . . .	\$95
Cosmetic Whitening . . . . .	\$399 . . . . .	\$550
Emergency Exam . . . . .	No Charge . . . . .	\$75
Sealants (per tooth) . . . . .	\$20 . . . . .	\$51
Nightguard . . . . .	\$528 . . . . .	\$660

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 or money order payable to Wyoming  
Cosmetic & Family Dental.



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Patients agree that Wyoming Cosmetic & Family Dental 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.

