

Complete This Form to Begin Coverage Today

Please List All Children
You Wish to Enroll

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 _____

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)



Healthy
Gums Improve
Your Resistance
to Disease!

Low-Cost Dental Coverage

As Low as \$369/yr.



We are located between Duke & King streets.

Enroll Today!

Join Alexandria Old Town 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!



1421 Prince Street, Suite 140
Alexandria, VA 22314
703-549-1331

AlexOldTownDental.com
drlongman@alexotdental.com

chrisad

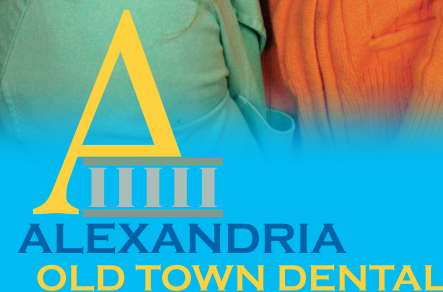
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Affordable Dental Coverage

For You & Your Entire Family

As Low as \$369/yr.



We're Making Excellence in
Dentistry Affordable for You!

Affordable Dental Coverage for the Whole Family!

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 order payable to Alexandria Old Town Dental.

Low-Cost Dental Coverage

- Individual ~ \$369/yr.
- Individual & Spouse ~ \$685/yr.
- Family Plan ~ \$929/yr. (two adults & one kid)
- Additional Child in Family ~ \$263/yr.

Preventive Dentistry

| Service | Co-Payment | Regular Fees as High as |
|------------------------------------|---------------------|--------------------------------------|
| Examination | No Charge | \$140 (every six months) |
| X-Rays (every 12 months) | No Charge | \$181 |
| Adult Cleaning | No Charge | \$138 (every six months) |
| Children's Cleaning | No Charge | \$103 (every six months) |
| Fluoride Treatment | No Charge | \$35 for Children (every six months) |
| Panorex | No Charge | \$170 |

Periodontics

| Service | Co-Payment | Regular Fees as High as |
|-----------------------------------|-----------------|-------------------------|
| Soft Tissue Management | \$308 | \$388 (per quadrant) |
| Periodontal Maintenance | \$163 | \$204 (gum treatment) |

Fillings

| Service | Co-Payment | Regular Fees as High as |
|----------------------|-----------------|---------------------------------|
| 1 Surface. | \$218 | \$273 (composite/tooth-colored) |
| 2 Surfaces | \$278 | \$347 (composite/tooth-colored) |
| 3 Surfaces | \$346 | \$432 (composite/tooth-colored) |
| 4 Surfaces | \$404 | \$505 (composite/tooth-colored) |

Crowns/Bridges

| Service | Co-Payment | Regular Fees as High as |
|------------------|------------------|-------------------------|
| Crown. | \$1,348. | \$1,685 (per unit) |
| Buildup. | \$321 | \$401 |

Cosmetic Dentistry

| Service | Co-Payment | Regular Fees as High as |
|------------------------------|-----------------|-------------------------|
| Cosmetic Whitening | \$595 | \$695 (take-home trays) |

Other Treatments

| Service | Co-Payment | Regular Fees as High as |
|---------------------------------|---------------------|-----------------------------|
| Cosmetic Consultation | No Charge | \$207 |
| Emergency Exam | No Charge | \$117 (one every 12 months) |
| Sealants (per tooth). | \$45 | \$83 |

Please Inquire About Services Not Listed Here!

Complete This Form to Begin Coverage Today!

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 Alexandria Old Town Dental.



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 drlongman@alexotdental.com

Patients agree that Alexandria Old Town 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.