

# Complete This Form to Begin Coverage Today

Please List All Children You Wish to Enroll:

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Middle Initial \_\_\_\_\_ Son / Daughter

Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Middle Initial \_\_\_\_\_ Son / Daughter

Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Middle Initial \_\_\_\_\_ Son / Daughter

Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Middle Initial \_\_\_\_\_ Son / Daughter

Date of Birth \_\_\_\_\_

## No Deductibles, Ever



## Low-Cost Dental Coverage No Deductibles, Ever

As Low as **\$399/yr.**

### Join Alexandria Old Town Dental's In-House Premier Dental Coverage

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

### Cleanings Brighten Your Smile & Help Prevent Disease!

Heart Disease • Strokes • Worsening Asthma  
Worsening Diabetes • Pregnancy Complications  
Alzheimer's • Dementia

Sources: National Institute of Health, NYU, University of  
Pennsylvania Dental School, Journal of Alzheimer's Disease, Penn Medicine,  
British Dental Journal & Many More.

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1421 Prince Street, Suite 140,  
Alexandria, VA 22314

**703-549-1331**

AlexOldTownDental.com

**chrisad**

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## Easy & Affordable Dental Coverage

As Low as **\$399/yr.**



- No Deductibles, Ever!
- All Health Conditions Accepted
- No Health Questions or Hassles



# Affordable Dental Coverage for the Whole Family!

## No Deductibles, Ever

Now you can join our low-cost dental coverage for a nominal membership premium. 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 form & return it with your check, money order or credit card information. Please make your check or money order payable to Alexandria Old Town Dental.

## Low-Cost Dental Coverage

- Individual Premium ~ \$399/yr.\*
- Individual & Spouse Premium ~ \$748/yr.\*
- Family Plan (2 adults & child) ~ \$1,060/yr.\*
- Additional Child in Family Premium ~ \$322/yr.\*

\*Monthly payment plan is available to patients providing direct deposit or credit card access.  
\$39.99 per month per person with a 12-month minimum commitment.

## Preventive Dentistry

Service	Co-Payment	Regular Fees as High as
Examination . . . . .	No Charge. . . . .	\$160 (every six months)
X-Rays (every 12 months). . . . .	No Charge. . . . .	\$206
Adult Cleaning. . . . .	No Charge. . . . .	\$161 (every six months)
Children's Cleaning. . . . .	No Charge. . . . .	\$118 (every six months)
Fluoride Treatment . . . . .	No Charge. . . . .	\$35 for Children Under the Age of 18 (every six months)
Panorex. . . . .	No Charge. . . . .	\$195

## Perio

Service	Co-Payment	Regular Fees as High as
Soft Tissue Management. . . . .	\$344 . . . . .	\$430 (per quadrant)
Periodontal Maintenance. . . . .	\$186 . . . . .	\$232 (gum treatment)

## Fillings

Service	Co-Payment	Regular Fees as High as
1 Surface . . . . .	\$253 . . . . .	\$316 (composite/tooth-colored)
2 Surfaces . . . . .	\$321 . . . . .	\$401 (composite/tooth-colored)
3 Surfaces . . . . .	\$390 . . . . .	\$487 (composite/tooth-colored)
4 Surfaces . . . . .	\$459 . . . . .	\$573 (composite/tooth-colored)

## Crowns/Bridges

Service	Co-Payment	Regular Fees as High as
Crown . . . . .	\$1,510. . . . .	\$1,887 (per unit)
Buildup . . . . .	\$430 . . . . .	\$458

## Cosmetic Dentistry

Service	Co-Payment	Regular Fees as High as
Cosmetic Whitening . . . . .	\$695 . . . . .	\$895 (take-home trays)

## Other Treatments

Service	Co-Payment	Regular Fees as High as
Cosmetic Consultation . . . . .	No Charge. . . . .	\$225
Emergency Exam . . . . .	No Charge. . . . .	\$135 (one every 12 months)
Sealants (per tooth) . . . . .	\$45 . . . . .	\$95

## 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 \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Spouse's First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Middle Initial \_\_\_\_\_ Female / Male  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Enrollment Period \_\_\_\_\_ to \_\_\_\_\_  
 Signature (member & spouse) \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_  
 American Express / Discover / Mastercard / Visa  
 Card Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_

☐ Make your check or money order payable to Alexandria Old Town Dental.



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AlexOldTownDental.com  
 office@alexoldtowndental.com

Patients agree that Alexandria Old Town Dental co-payments 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 premiums 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. Membership renews annually on the day & month of initial enrollment. Membership renews automatically unless member formally requests otherwise in advance.

