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 |
| Day of Divil | |

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.



1421 Prince Street, Suite 140, Alexandria, VA 22314

703-549-1331

AlexOldTownDental.com

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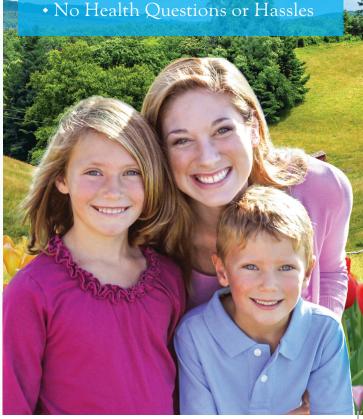


Easy & Affordable Dental Coverage

As Low as \$399/yr.



- No Deductibles, Ever!
- All Health Conditions Accepted



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 |
| X-Rays (every 12 months). | No Charge | \$206 |
| Adult Cleaning (every six months) | No Charge | \$161 |
| Children's Cleaning (every six months) | No Charge | \$118 |
| Fluoride Treatment for Children Under the A | | |
| Panorex | No Charge | \$195 |

Perio

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

Fillings

| Service | Co-Payment | Regular Fees as High as |
|-------------------------------------|------------|----------------------------|
| 1 Surface (composite/tooth-colored | · · | \$316 |
| 2 Surfaces (composite/tooth-colored | · · | \$401 |
| 3 Surfaces (composite/tooth-colored | | \$487 |
| 4 Surfaces (composite/tooth-colored | · · | \$573 |

Crowns/Bridges

| Service | Co-Payment | Regular Fees as High as |
|---------|------------|----------------------------|
| Crown | \$1,510 | \$1,887 |
| Buildup | \$430 | \$458 |

Cosmetic Dentistry

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

Other Treatments

| | gh as |
|--|-------|
| Cosmetic Consultation No Charge \$ Emergency Exam No Charge \$ | |
| (one every 12 months) Sealants (per tooth) | \$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 \mathscr{E} spouse) | |
| | Date |
| | Date |
| American Express / Discover / Ma | astercard / Visa |
| Card Number | |
| Expiration Date | |
| Make your check or money orde Alexandria Old Town Dental. | r payable to |



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

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 insutrance product. Membership renews, annually on the day & month of initial enrollment. Membership renews automatically unless member formally requests otherwise in advance.