

# Complete This Form to Begin Coverage Today

Please List All Unmarried  
Children Up to Age 20

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)



## Low-Cost Dental Coverage

As Low as \$299/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



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## Affordable Dental Coverage

For You & Your Entire Family

As Low as  
\$299/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 ~ \$299/yr.
- Individual & Spouse ~ \$578/yr.
- Family Plan ~ \$778/yr. (two adults & one kid)
- Additional Child in Family ~ \$199/yr.

## Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Examination . . . . .	No Charge . . . . .	\$125 (every six months)
X-Rays (every 12 months) . . . . .	No Charge . . . . .	\$167
Adult Cleaning . . . . .	No Charge . . . . .	\$128 (every six months)
Children's Cleaning . . . . .	No Charge . . . . .	\$95 (every six months)
Fluoride Treatment . . . . .	No Charge . . . . .	\$35 for Children (every six months)
Panorex . . . . .	No Charge . . . . .	\$157 for Children (every 36 months)

## Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Soft Tissue Management . . . . .	\$283 . . . . .	\$354 (per quadrant)
Periodontal Maintenance . . . . .	\$151 . . . . .	\$189 (gum treatment)

## Fillings

Service	Co-Payment "Basic Care"	Regular Fees as High as
1 Surface. . . . .	\$204 . . . . .	\$255 (composite/tooth-colored)
2 Surfaces . . . . .	\$258 . . . . .	\$322 (composite/tooth-colored)
3 Surfaces . . . . .	\$319 . . . . .	\$398 (composite/tooth-colored)
4 Surfaces . . . . .	\$375 . . . . .	\$468 (composite/tooth-colored)

## Crowns/Bridges

Service	Co-Payment "Basic Care"	Regular Fees as High as
Crown. . . . .	\$1,235. . . . .	\$1,543 (per unit)
Buildup. . . . .	\$295 . . . . .	\$395

## Cosmetic Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Cosmetic Whitening . . . . .	\$395 . . . . .	\$495 (includes custom trays & one kit of bleach)

## Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Cosmetic Consultation . . . . .	No Charge . . . . .	\$85
Emergency Exam . . . . .	No Charge . . . . .	\$107 (one every 12 months)
Sealants (per tooth). . . . .	\$63 . . . . .	\$78

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.



1421 Prince Street, Suite 140  
Alexandria, VA 22314

703-549-1331

AlexOldTownDental.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.