

# 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

### Premiums for Less Than \$1 /day

### Join Franklin Virginia Dental Care's In-House Premier Dental Coverage

- No Maximums
- You Cannot Be Singled Out for Rate Increases or Cancellations!

\*Some exclusions may apply\*

### 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.

copyright © chrisad, inc. marin county, california all rights reserved



FRANKLIN VIRGINIA  
**DENTAL CARE**

1301 Armory Drive, Franklin, VA 23851

**757-562-2165**

[FranklinVirginiaDental.com](http://FranklinVirginiaDental.com)

**chrisad** ID# 6406 © December 2024 chrisad, inc., marin co., ca all rights reserved. 99239

# Easy & Affordable Dental Coverage

### Premiums for Less Than \$1 /day



FRANKLIN VIRGINIA  
**DENTAL CARE**

- No Deductibles, Ever!
- No Health Questions or Hassles

\*Some exclusions may apply\*



# Affordable Dental Coverage for the Whole Family!

# Complete This Form to Begin Coverage Today!

## 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 Franklin Virginia Dental Care.

## Low-Cost Dental Coverage

- Individual Premium ~ \$299/yr.\*
- 13 years old or Younger ~ \$249/yr.\*

## Preventive Dentistry

Dental Services	Co-payment
Examination (twice per year)	No Charge
Adult Cleaning (twice per year)	No Charge
Kid's Cleaning (twice per year)	No Charge
X-Rays	No Charge
Kid's Fluoride Treatment (twice per year)	No Charge

## Restorative Dentistry

Dental Services	Co-payment
Filling (one surface)	\$218
Filling (two surface)	\$236
Filling (three surface)	\$260
Filling (four surface)	\$316
Crown	\$1,092
Root Canal (anterior)	\$789
Root Canal (molar)	\$1,036
Dentures (top or bottom)	\$1,836
Scaling & Root Planning	\$1,072

## Other Treatments

Dental Services	Co-payment
Sealants (per tooth)	\$59
Cosmetic Consultation	No Charge
Emergency Exam (once per year)	No Charge

Please Inquire About Services Not Listed Here!



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 Franklin Virginia Dental Care.

FRANKLIN VIRGINIA  
**DENTAL CARE**  
 1301 Armory Drive, Franklin, VA 23851  
**757-562-2165**  
 FranklinVirginiaDental.com

Patients agree that Franklin Virginia Dental Care 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.