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
Data 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.

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1301 Armory Drive, Franklin, VA 23851 757-562-2165 FranklinVirginiaDental.com

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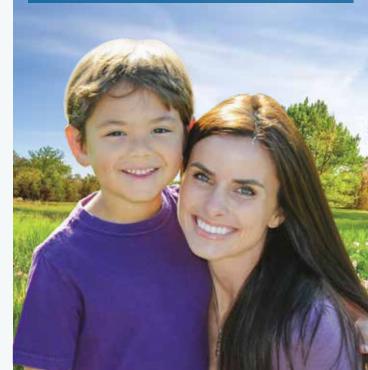
Easy & Affordable Dental Coverage

Premiums for Less Than \$1/day



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

Some exclusions may apply



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 Franklin Virginia Dental Care.

Low-Cost Dental Coverage

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

Preventive Dentistry

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	Dental Services	Co-payment
Examination (twice per year)	No Charge	Sealants (per tooth)	No Charge

Please Inquire About Services Not Listed Here!



Complete This Form to Begin Coverage Today!

First Name	
Last Name	
Middle Initial	Female / Male
Home Address	
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 / Mas	stercard / Visa
Card Number	
Expiration Date	
Make your check or money order Franklin Virginia Dental Care.	payable to

