Low-Cost Dental Coverage: As Low as \$30/mo



Enroll Today!

Join our in-house dental coverage:

- No deductibles
- No health questions
- All health conditions accepted
- You cannot be denied coverage

ALEXANDER DENTAL

134 Registry Blvd, St. Augustine, FL 32092 904-940-5757 www.alexanderdental.com

Affordable Dental Coverage For You & Your Family

ALEXANDER DENTAL

Only \$1/day



Affordable dental coverage for the whole family!

Low-Cost Dental Coverage

• Individual - \$30/mo* or \$360/yr

- Individual & Spouse \$55/mo* or \$660/yr
- Family Plan \$80/mo* or \$960/yr (2 adults & 2 children)
- Additional child in family \$22/mo* or \$264/yr

Preventive Dentistry

| Comprehensive Exam (1/12 mos) | No Charge |
|-----------------------------------|-----------|
| • Full Set X-rays (1/12 mos) | No Charge |
| • Panoramic X-rays (1/12 mos) | No Charge |
| • Adult Cleaning (1/6 mos) | No Charge |
| • Child Cleaning (1/6 mos) | No Charge |
| Fluoride Treatment (1/6 mos) | No Charge |
| Periodontal Maintenance (1/6 mos) | No Charge |

Complete this form to begin coverage today:

Our dental plan entitles you to receive preventive dental care at no cost & restorative & major care at 15% off. Ask us today for more details!

| First Name: | | | | |
|----------------------|--------|--------|--------|--|
| Last Name: | | | | |
| Address: | | | | |
| City: | State: | | _ Zip: | |
| Phone: | | | | |
| Email: | | | | |
| Date of Birth: | | | / | |
| Spouse First Name: | | | | |
| Last Name: | | | | |
| Date of Birth: | / | | _ / | |
| Enrollment Period: _ | | to | | |
| Signature (member & | | - | | |
| | | Date: | | |
| | | 20,10. | | |

Date:

Restorative & Major Procedures: 15% off



^{*}Monthly payment plans available with debit or credit card.

^{*}Specialists are not included in this plan.