

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 (D0150) (once every 3 years)
- Cleaning (Prophylaxis) (D1110, D1120) (once every six months)
- Fluoride Treatment (D1206) (once every 6 months)
- Oral Cancer Screening (D0431) (once every year)
- 4 Bitewing X-Rays (D0274) (once every 12 months)
- Periodic Exam (D0120) (once every six months)



Low-Cost Dental Coverage

As Low as \$25/mo.

Our office is located by
the intersection of SR 16 &
Pacetti Road, near the Publix.



Enroll Today!

Join Alexander 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!



46 Tuscan Way, Suite 306, St. Augustine, FL 32092

904-940-5757

AlexanderDental.com



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Affordable Dental Coverage

For You & Your Entire Family



As Low as \$25/mo.



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 Alexander Dental.

Low-Cost Dental Coverage

- Individual ~ \$25/mo.* or \$300/yr.
- Individual & Spouse ~ \$45/mo.* or \$540/yr.
- Family Plan ~ \$60/mo.* or \$720/yr.
(two adults & two kids)
- Additional Child in Family ~ \$17/mo.* or \$204/yr.

*Monthly payment plan is available to patients providing direct deposit or credit card access.

Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Comprehensive Examination (D0150) (every 3 years)	No Charge	\$103
X-Rays (D0210) (every 3 years)	No Charge	\$153
Panoramic X-Rays (D0330) (every 3 years)	No Charge	\$131
Adult Cleaning (D1110) (every six months)	No Charge	\$110
Children's Cleaning (D1120) (every six months)	No Charge	\$82
Fluoride Treatment (D1206) (every six months)	No Charge	\$53

Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Soft-Tissue Management (D4341) (per quadrant)	\$226	\$283
Periodontal Maintenance (D4910) (gum treatment)	\$130	\$163

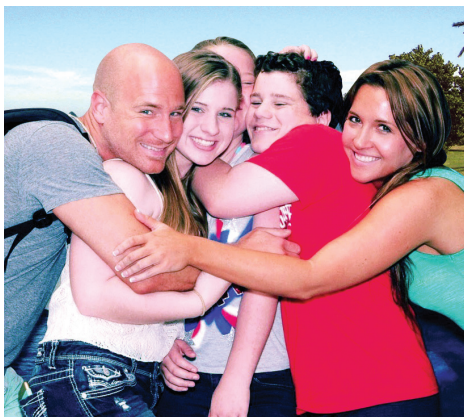
Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
1 Surface Filling (D2391)	\$163	\$204
2 Surface Fillings (D2392)	\$208	\$260
3 Surface Fillings (D2393)	\$254	\$317
4 Surface Fillings (D2394)	\$298	\$373
Crowns (D2750 or D2740)	\$1,070	\$1,338

Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Emergency Exam (D0140)	\$73	\$91
Sealants (per tooth) (D1351)	\$52	\$65

Please Inquire About Services
Not Listed Here!



Dr. Alexander & his family

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 **Alexander Dental**.

**ALEXANDER
DENTAL**

46 Tuscan Way, Suite 306
St. Augustine, FL 32092

904-940-5757

AlexanderDental.com

Patients agree that Alexander 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.