

# 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.

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FRANKLIN VIRGINIA  
**DENTAL CARE**

1301 Armory Drive, Franklin, VA 23851

**757-562-2165**

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

**chrisad**

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## 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!

## 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

## Please Inquire About Services Not Listed Here!

Fees are subject to change without prior notice.

## Restorative Dentistry

Dental Services	Co-payment
Filling (one surface) . . . . .	\$233
Filling (two surface) . . . . .	\$253
Filling (three surface) . . . . .	\$278
Filling (four surface) . . . . .	\$338
Crown . . . . .	\$1,169
Root Canal (anterior) . . . . .	\$844
Root Canal (molar) . . . . .	\$1,109
Root Planing (per quad) . . . . .	\$286
Dentures (top or bottom) . . . . .	\$1,965
Scaling & Root Planning . . . . .	\$1,072

## Other Treatments

Dental Services	Co-payment
Sealants (per tooth) . . . . .	\$63
Cosmetic Consultation . . . . .	No Charge
Emergency Exam (once per year) . . . . .	No Charge
Teeth Whitening . . . . .	\$278

## 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

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.