

Children Up to Age 20

Please Fill Out & Send This Form in Today to Begin Coverage!

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 _____
5. Child's First Name _____
Middle Initial _____ Son / Daughter
Date of Birth _____

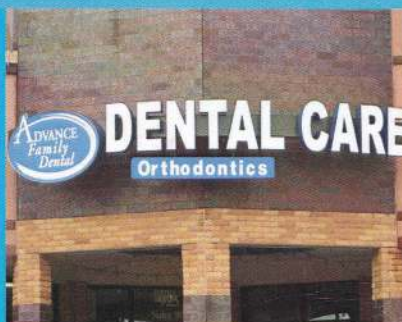
Our Affordable Coverage Includes the Following Services at No Charge:

- Comprehensive Exam (2 times per year)
- X-Rays (1 time per year)
- Fluoride Treatment for Children
- Cleaning (Prophylaxis) (2 times per year)

Low-Cost Dental Coverage

As Low as \$23/mo.

We are located on East County Road E - off Highway 35 E, near Fresh Thyme Farmers Market.



Enroll Today!

Join Advance Family Dental's In-House Premier Dental Coverage

It's a discounted fee schedule for most services, only good at Advance Family Dental. You save on everything from cleanings & fillings to cosmetic procedures & crowns!

- All Health Conditions Accepted!
- You Cannot Be Denied Coverage!
- No Deductibles!
- No Health Questions!
- You Cannot Be Singled Out for Rate Increases or Cancellations!



925 East County Road E
Suite 185
Vadnais Heights, MN 55127
651-482-1122

www.AdvanceFamilyDental.net

Patients agree that Advance Family 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. Automatically renews each year. Excludes orthodontic treatment.

chrisad

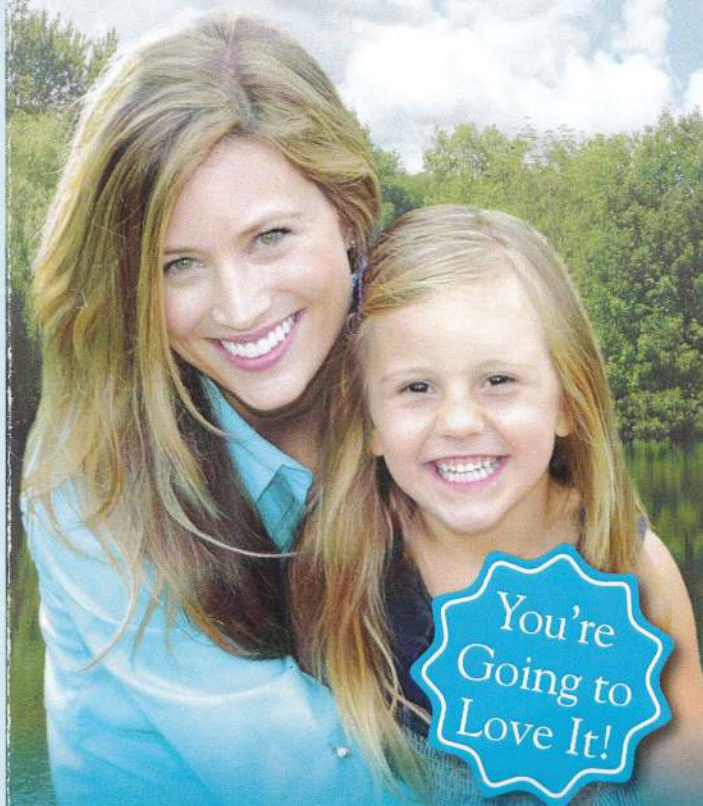
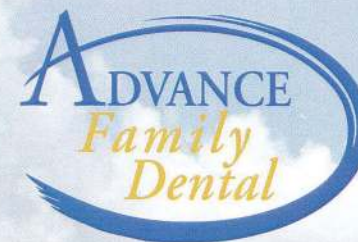
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Affordable Dental Coverage

For You & Your Entire Family

As Low as \$23/mo.



You're Going to Love It!

We're Making Excellence in Dentistry Affordable for You!

Low-Cost Dental Coverage

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 orders payable to Advance Family Dental.

Low-Cost Dental Coverage

- Individual ~ \$23/mo.*
- Individual & Spouse ~ \$46/mo.*
- Family Plan ~ \$88/mo.* (two adults & two kids)
- Additional Child in Family ~ \$21/mo.*

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

There can be no lapse in coverage!

Preventive Dentistry

Service	Co-Payment with AFD Plan	Regular Fees as High as
Examination.....	No Charge	\$52
X-Rays (1 time per year).....	No Charge	\$67
Adult Cleaning (2 times per year)	No Charge	\$90
Children's Cleaning..... (2 times per year)	No Charge	\$62
Fluoride Treatment	No Charge	\$48

Fillings (Composite)

Service	Co-Payment with AFD Plan	Regular Fees as High as
One Surface	\$200	\$250
Two Surfaces.....	\$280	\$350
Three Surfaces	\$310	\$387

20% OFF Regular Fees!

Including the Following Services:

- Crowns
- Root Canals
- Fillings
- Implants

Other Treatments

Service	Co-Payment with AFD Plan	Regular Fees as High as
Cosmetic Consultation	No Charge	\$95
Emergency Exam	No Charge	\$52
Nightguard.....	\$285	\$475

Please Fill Out & Send This Form in Today to Begin Coverage

First Name _____

Last Name _____

Middle Initial _____ Female / Male

Home Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Date of Birth ____/____/____

Spouse 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 check payable to Advance Family Dental.



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