

Our Affordable Coverage Includes the Following Services at No Charge:

- Comprehensive Exam
(Two per plan year)
- Pan/Full-Mouth X-Rays
(once every 3–5 years)
- Bitewing X-Rays
(once per plan year)
- Cleaning (Prophylaxis)
(Two per plan year)
- Fluoride for Children
(Two per plan year, through age 17)
- Cosmetic Consultation



Low-Cost Dental Coverage As Low as \$250/yr.



We are located on State Street by Chick-fil-A.

Enroll Today!

Join Dale Family Dentistry'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!



DALE FAMILY DENTISTRY
Caring for You...and Your Smile!

2241 State Street, Suite C, New Albany, IN 47150

812-945-5100

DaleFamilyDentistry.com

Affordable Dental Coverage

As Low as \$250/yr.



We're Making Excellence in
Dentistry Affordable for You!



DALE FAMILY DENTISTRY
Caring for You...and Your Smile!

Affordable Dental Coverage for the Whole Family!

2024

Low-Cost Dental Coverage

- Individual ~ \$250/yr.
- Child ~ \$150/yr.
(Children through age 17)
- Periodontal Plan ~ \$350/yr.



DALE FAMILY DENTISTRY

Caring for You...and Your Smile!

2241 State Street, Suite C, New Albany, IN 47150

812-945-5100

DaleFamilyDentistry.com

Patients agree that Dale Family Dentistry 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. Membership renews annually on the day & month of initial enrollment. Membership renews automatically unless member formally requests otherwise in advance.



Preventive Dentistry

| Service | Co-Payment "Basic Care" | Regular Fees as High as |
|---------------------------------|----------------------------|--|
| Examination | No Charge | \$.66 (Two per plan year) |
| Bitewing X-Rays | No Charge | \$.82 (Once per plan year) |
| Pan/Full-Mouth X-Rays | No Charge | \$.140/\$181 (Once every 3-5 years) |
| Adult Cleaning | No Charge | \$.114 (Two per plan year) |
| Fluoride Treatment | No Charge | \$.50 (Two per plan year, through age 17) |
| Children's Cleaning | No Charge | \$.88 (Two per plan year) |

Periodontics

| Service | Co-Payment "Basic Care" | Regular Fees as High as |
|-----------------------------------|----------------------------|----------------------------|
| Root Planing (per quad) | \$158 | \$.316 |
| Periodontal Maintenance | No Charge | \$.187 |

Prosthodontics

| Service | Co-Payment "Basic Care" | Regular Fees as High as |
|-------------------------------|----------------------------|----------------------------|
| All-Porcelain Crown | \$1,176 | \$.1,470 |
| Partial Denture | \$1,754 | \$.2,193 |

Diagnostic

| Service | Co-Payment "Basic Care" | Regular Fees as High as |
|-----------------------------------|----------------------------|----------------------------|
| Emergency Exam & X-Rays | \$.85 | \$.139 |

Other Treatments

| Service | Co-Payment "Basic Care" | Regular Fees as High as |
|--|----------------------------|----------------------------|
| Sealants (per tooth) | \$.57 | \$.71 |
| Simple Extraction | \$188 | \$.235 |
| Root Canal (Anterior) | \$755 | \$.944 |
| Nitrous Oxide (laughing gas) | \$.74 | \$.92 |
| Teeth Whitening | \$240 | \$.300 |

Restorative Dentistry

| Service | Co-Payment "Basic Care" | Regular Fees as High as |
|--------------------|----------------------------|--|
| Fillings | \$183 | \$.229 (one surface, tooth-colored) |
| Fillings | \$233 | \$.291 (two surface, tooth-colored) |
| Fillings | \$285 | \$.356 (three surface, tooth-colored) |

Plus 20% Off All Other Services!

For services paid for at time of service.
10% off with Care Credit™ payment.
Discount excludes implant services.