

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 

chrisad

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Affordable Dental Coverage

As Low as
\$250/yr.



DALE FAMILY DENTISTRY

Caring for You...and Your Smile!

**We're Making Excellence in
Dentistry Affordable for You!**

Affordable Dental Coverage for the Whole Family!

2022

Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
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Examination.....No Charge.....\$61
(Two per plan year)

Bitewing X-Rays.....No Charge.....\$75
(Once per plan year)

Pan/Full-Mouth X-Rays.....No Charge.....\$129/\$166
(Once every 3-5 years)

Adult Cleaning.....No Charge.....\$106
(Two per plan year)

Fluoride Treatment.....No Charge.....\$47
(Two per plan year, through age 17)

Children's Cleaning.....No Charge.....\$82
(Two per plan year)

Diagnostic

Service	Co-Payment "Basic Care"	Regular Fees as High as
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Emergency Exam & X-Rays.....\$75.....\$128

Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
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Fillings.....\$167.....\$211
(one surface, tooth-colored)

Fillings.....\$214.....\$267
(two surface, tooth-colored)

Fillings.....\$262.....\$328
(three surface, tooth-colored)

Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
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Root Planing (per quad).....\$146.....\$292

Periodontal Maintenance.....No Charge.....\$173

Prosthodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
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All-Porcelain Crown.....\$1,109.....\$1,386

Partial Denture.....\$1,638.....\$2,048

Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
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Sealants (per tooth).....\$54.....\$67

Simple Extraction.....\$174.....\$217

Root Canal (Anterior).....\$705.....\$881

Nitrous Oxide (laughing gas).....\$67.....\$84

Teeth Whitening.....\$225.....\$300

Plus 20% Off All Other Services!

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

Low-Cost Dental Coverage

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



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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.

