

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 13)
- Cosmetic Consultation



Low-Cost Dental Coverage As Low as \$225/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 For You & Your Entire Family

As Low as
\$225/yr.



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Caring for You...and Your Smile!

We're Making Excellence in
Dentistry Affordable for You!

Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Examination	No Charge	\$52 (Two per plan year)
Bitewing X-Rays	No Charge	\$68 (Once per plan year)
Pan/Full-Mouth X-Rays	\$119	\$153 (Once every 3-5 years)
Adult Cleaning	No Charge	\$94 (Two per plan year)
Fluoride Treatment	No Charge	\$44 (Two per plan year, through age 13)
Children's Cleaning	No Charge	\$73 (Two per plan year)

Diagnostic

Service	Co-Payment "Basic Care"	Regular Fees as High as
Emergency Exam & X-Rays	\$69	\$113 (Fee applied to same-day treatment)

Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Fillings	\$148	\$185 (one surface, tooth-colored)
Fillings	\$193	\$241 (two surface, tooth-colored)
Fillings	\$234	\$292 (three surface, tooth-colored)

Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Root Planing (per quad)	\$135	\$269
Periodontal Maintenance	No Charge	\$160

Prosthodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
All-Porcelain Crown	\$1,025	\$1,281
Partial Denture	\$1,443	\$1,804

Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Sealants (per tooth)	\$50	\$62
Simple Extraction	\$136	\$170
Sports Mouthguard	\$188	\$235
Root Canal (Anterior)	\$652	\$815
Nitrous Oxide (laughing gas)	\$55	\$69

Plus 20% Off All Other Services!

(For services paid for at time of service.
Discount excludes Six Month Smiles.)

Low-Cost Dental Coverage

- Individual ~ \$225/yr.
- Child ~ \$125/yr.
(Children through age 17)
- Periodontal Plan ~ \$325/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.

