

## 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.



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!

## Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Examination . . . . .	No Charge. . . . .	\$68 (Two per plan year)
Bitewing X-Rays . . . . .	No Charge. . . . .	\$84 (Once per plan year)
Pan/Full-Mouth X-Rays. . .	No Charge. . . . .	\$145/\$181 (Once every 3-5 years)
Adult Cleaning. . . . .	No Charge. . . . .	\$118 (Two per plan year)
Fluoride Treatment . . . . .	No Charge. . . . .	\$52 (Two per plan year, through age 17)
Children's Cleaning. . . . .	No Charge. . . . .	\$91 (Two per plan year)

## Diagnostic

Service	Co-Payment "Basic Care"	Regular Fees as High as
Emergency Exam & X-Rays . . .	\$85. . . . .	\$144

## Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Fillings . . . . .	\$186 . . . . .	\$232 (one surface, tooth-colored)
Fillings . . . . .	\$238 . . . . .	\$297 (two surface, tooth-colored)
Fillings . . . . .	\$288 . . . . .	\$360 (three surface, tooth-colored)

## Periodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Root Planing (per quad) . . . . .	\$160 . . . . .	\$319
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. . . . .	\$1,850. . . . .	\$2,312

## Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Sealants (per tooth) . . . . .	\$58 . . . . .	\$73
Simple Extraction . . . . .	\$200 . . . . .	\$250
Root Canal (Anterior). . . . .	\$778 . . . . .	\$972
Nitrous Oxide (laughing gas). . . .	\$76 . . . . .	\$95
Teeth Whitening . . . . .	\$240 . . . . .	\$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.

2025

## 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. Membership renews annually on the day & month of initial enrollment. Membership renews automatically unless member formally requests otherwise in advance.

