

Complete This Form to Begin Coverage Today

Please List All Children You Wish to Enroll:

First Name _____

Last Name _____

Middle Initial _____ Son / Daughter

Date of Birth _____

First Name _____

Last Name _____

Middle Initial _____ Son / Daughter

Date of Birth _____

First Name _____

Last Name _____

Middle Initial _____ Son / Daughter

Date of Birth _____

First Name _____

Last Name _____

Middle Initial _____ Son / Daughter

Date of Birth _____

Cleanings Brighten Your Smile
& Help Prevent Disease!



Low-Cost Dental Coverage
Premiums for Less Than \$1/day
No Deductibles, Ever

Enroll Today!

Join Fair City Mall Dental Care's In-House Premier Dental Coverage

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

Healthy Gums Improve Your Overall Health

Research has linked gum disease to health problems like diabetes, heart disease, dementia & respiratory infection.

Regular dental cleanings can help you stay healthy & increase your lifespan. Call today for your dental cleaning.



9600-I Main Street, Fairfax, VA 22031

703-978-3541

FairfaxVirginiaDentist.com

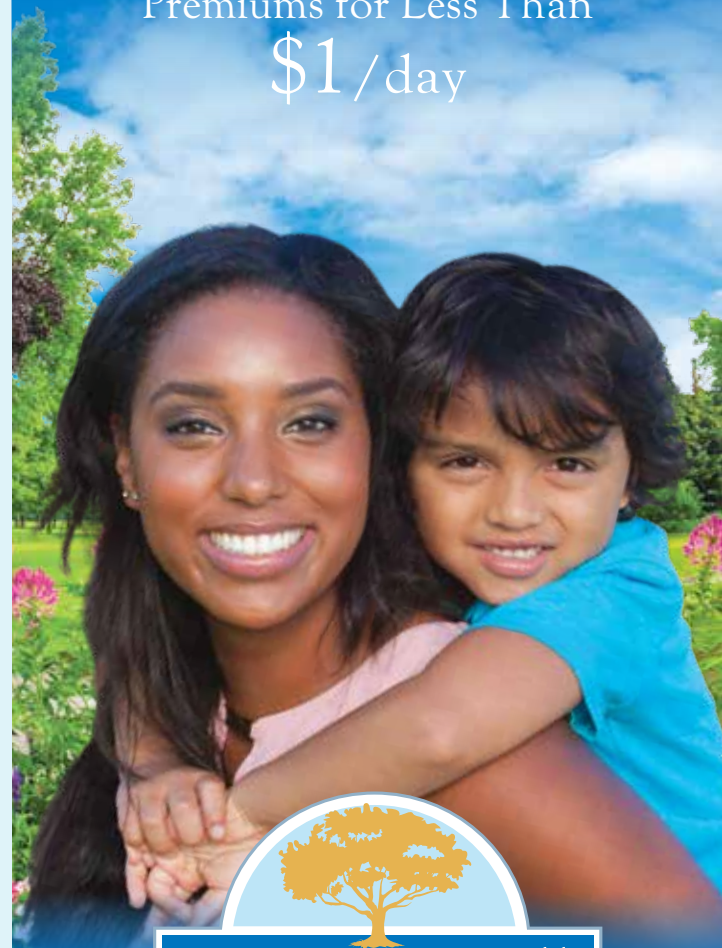
chrisad

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Easy & Affordable Dental Coverage

No Deductibles, Ever
Premiums for Less Than
\$1/day



- All Health Conditions Accepted
- No Maximums
- No Health Questions or Hassles

Affordable Dental Coverage for the Whole Family!

No Deductibles, Ever

Now you can join our low-cost dental coverage for a nominal membership premium. 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 form & return it with your check, money order or credit card information. Please make your check or money order payable to Fair City Mall Dental Care.

Low-Cost Dental Coverage

- Individual Premium ~ \$359/yr.
- Individual & Spouse Premium ~ \$668/yr.
- Additional Child in Family Premium ~ \$278/yr.
(under the age of 13)

Preventive Dentistry

Dental Services	Co-payment
Examination.....	No Charge
Adult Cleaning (twice per year).....	No Charge
Kid's Cleaning (twice per year).....	No Charge
X-Rays (every 12 months).....	No Charge
Kid's Fluoride Treatment (twice per year).....	No Charge

Please Inquire About Services
Not Listed Here!

Restorative Dentistry

Dental Services	Co-payment
Filling (one surface)	\$229
Filling (two surface)	\$289
Filling (three surface)	\$356
Filling (four surface).....	\$394
Crown	\$1,406
Root Canal (anterior)	\$938
Root Canal (molar)	\$1,295
Dentures (top or bottom)	\$2,146

Other Treatments

Dental Services	Co-payment
Sealants (per tooth)	\$66
Nightguard	\$619
Cosmetic Whitening	\$642
Cosmetic Consultation	No Charge
Emergency Exam	No Charge



Complete This Form to Begin Coverage Today!

First Name _____
Last Name _____
Middle Initial _____ Female / Male
Home Address _____

City _____ State _____ Zip _____
Phone _____
Email _____
Date of Birth ____/____/____
Spouse's 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 your check or money order payable to
Fair City Mall Dental Care.
☐ Renew my membership automatically to get a 5%
additional treatment discount. Initial _____



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Patients agree that Fair City Mall Dental Care co-payments 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 premiums 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.