

# Please List All Unmarried Children Up to Age 20

Please Fill out & Send This Form in Today to Begin Coverage!

1. Child's First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Son / Daughter  
Date of Birth \_\_\_\_\_
2. Child's First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Son / Daughter  
Date of Birth \_\_\_\_\_
3. Child's First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Son / Daughter  
Date of Birth \_\_\_\_\_
4. Child's First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Son / Daughter  
Date of Birth \_\_\_\_\_
5. Child's First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Son / Daughter  
Date of Birth \_\_\_\_\_

Our Affordable Coverage Includes the Following Services at No Charge:

- Comprehensive Exam (once every six months)
- X-Rays (once every 12 months)
- Fluoride Treatment for Children (under the age of 18, once every six months)
- Cleaning (Prophylaxis) (once every six months)

## Low-Cost Dental Coverage

As Low as \$27/mo.

### Grants Pass Office



We are located off Williams Highway next to the Guild building.

### Medford Office



We are located on the corner of East Main & Geneva streets.

Two locations to better serve our patients!

# Affordable Dental Coverage

For You & Your Entire Family

As Low as \$27/mo.

## Enroll Today!

### Join Rogue Valley 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!

### Two Locations to Better Serve Our Patients!



1873 Williams Highway, Suite 1A  
Grants Pass, OR 97527

801 East Main Street  
Medford, OR 97504

541-479-5505

541-773-4073

RogueValleyFamilyDentistry.com

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We're Making Excellence in Dentistry Affordable for You!



# Low-Cost Dental Coverage

Now you can join our low-cost dental coverage for a nominal membership fee. 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 enrollment form & return it with your check, money order or credit card information. Please make check or money orders payable to Rogue Valley Family Dentistry.

## Low-Cost Dental Coverage

- Individual ~ \$27/mo.\*
- Individual & Spouse ~ \$36/mo.\*
- Family Plan ~ \$44/mo.\* (two adults & two kids)
- Additional Child in Family ~ \$7/mo.\*

\*Monthly payment plan is available to patients providing direct deposit or credit card access allowing fee to be paid up front in full.

## Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Examination	No Charge	\$75
Emergency Exam	No Charge	\$75
X-Rays (every 12 months)	No Charge	\$129
Adult Cleaning (every six months)	No Charge	\$118
Children's Cleaning (every six months)	No Charge	\$86
Fluoride Treatment (every six months)	No Charge	\$37
Topical Fluoride Varnish	No Charge	\$55
Periodic Exam	No Charge	\$75

## Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Crown	\$1,061	\$1,248
Crown Buildup (including pins)	\$275	\$323
1-Surface Filling	\$173	\$204
2-Surface Filling	\$239	\$281
3-Surface Filling	\$313	\$368
4-Surface Filling	\$343	\$404
Root Canal Therapy (molar)	\$998	\$1,174
Root Canal Therapy (anterior)	\$728	\$856

## Orthodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Nightguard	\$503	\$590
Fastbraces®	\$3,400	\$4,000

\* Prices subject to change.



Please Inquire About Services Not Listed Here!

Please Fill out & Send This Form in Today to Begin Coverage!

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Middle Initial \_\_\_\_\_ Female / Male

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ S.S.# \_\_\_\_-\_\_\_\_-\_\_\_\_

Spouse First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Middle Initial \_\_\_\_\_ Female / Male

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ S.S.# \_\_\_\_-\_\_\_\_-\_\_\_\_

Enrollment Period \_\_\_\_\_ to \_\_\_\_\_

Signature (member & spouse) \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

American Express / Discover / MasterCard / Visa

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Make check or money order payable to  
Rogue Valley Family Dentistry.



1873 Williams Highway, Suite 1A, Grants Pass, OR 97527

541-479-5505

801 East Main Street, Medford, OR 97504

541-773-4073

RogueValleyFamilyDentistry.com

Patients agree that Rogue Valley 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.