

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 \$27.40/mo.



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

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!



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

541-479-5505

RogueValleyFamilyDentistry.com

Affordable Dental Coverage For You & Your Entire Family

As Low as \$27.40/mo.



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 ~ \$27.40/mo.*
- Individual & Spouse ~ \$35.73/mo.*
- Family Plan ~ \$44.07/mo.* (two adults & two kids)
- Additional Child in Family ~ \$6.58/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	\$72
X-Rays (every 12 months)	No Charge	\$112
Adult Cleaning (every six months)	No Charge	\$103
Children's Cleaning (every six months)	No Charge	\$72
Fluoride Treatment (every six months)	No Charge	\$21
Topical Fluoride Varnish	No Charge	\$20
Periodic Exam	No Charge	\$69

Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
Crown	\$894	\$1,052
Crown Buildup (including pins)	\$179	\$211
1 Surface Filling	\$151	\$175
2 Surface Filling	\$207	\$244
3 Surface Filling	\$269	\$316
4 Surface Filling	\$294	\$346
Root Canal Therapy (molar)	\$786	\$925
Root Canal Therapy (anterior)	\$486	\$572

Orthodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
Nightguard	\$503	\$590
Fastbraces®	\$3500	\$3500

Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
Emergency Exam	\$51	\$60



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 •

541-479-5505

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.

Please Inquire About Services Not Listed Here!