

Complete This Form to Begin Coverage Today

Please List All Family Members You Wish to Enroll

1. First Name _____
Last Name _____
Middle Initial _____ Son / Daughter
Date of Birth _____
2. First Name _____
Last Name _____
Middle Initial _____ Son / Daughter
Date of Birth _____
3. First Name _____
Last Name _____
Middle Initial _____ Son / Daughter
Date of Birth _____
4. First Name _____
Last Name _____
Middle Initial _____ Son / Daughter
Date of Birth _____

Our Affordable Coverage Includes the Following Services at **No Charge**:

- Comprehensive Exam (once every 6 months)
- X-Rays (once every 12 months)
- Fluoride Treatment for Children (under the age of 18, once every 6 months)
- Cleaning (Prophylaxis) (once every 6 months)



Low-Cost Dental Coverage

As Low as **\$260/yr.**



Our office is located on West Lumsden Road between Kings Avenue & John Moore Road.

Enroll Today!

Join Dental Excellence of Brandon'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!



DENTAL EXCELLENCE OF BRANDON

A. ALESSIO CONTE, DDS
GENERAL & IMPLANT DENTISTRY

665 West Lumsden Road, Brandon, FL 33511

813-681-5515

www.DentalExcellenceOfBrandon.com  

chrisad

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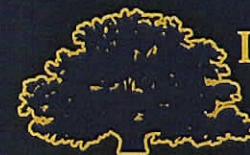
Affordable Dental Coverage

For You & Your Entire Family

As Low as **\$260/yr.**



Appointments 8am – 7pm!



DENTAL EXCELLENCE OF BRANDON

A. ALESSIO CONTE, DDS
GENERAL & IMPLANT DENTISTRY

We're Making Excellence in Dentistry Affordable for You!

Affordable Dental Coverage for the Whole Family!

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 your check or money order payable to A. Alessio Conte, DDS.

Low-Cost Dental Coverage

- Individual ~ \$260/yr.
- Individual & Spouse ~ \$390/yr.
- Family Plan ~ \$650/yr. (individual & up to 3 family members)
- Additional Family Members ~ \$130/yr. (for each additional member)

Preventive Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
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Examination.....	No Charge	\$95
X-Rays (every 12 months)	No Charge	\$136
4 Bitewing X-Rays	No Charge	\$67 (every 12 months)
Adult Cleaning	No Charge	\$97 (every 6 months)
Children's Cleaning.....	No Charge	\$74 (every 6 months)
Fluoride Treatment	No Charge	\$38 for Children (every 6 months)

Orthodontics

Service	Co-Payment "Basic Care"	Regular Fees as High as
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Invisalign®	\$4,821	\$5,356
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Restorative Dentistry

Service	Co-Payment "Basic Care"	Regular Fees as High as
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Fillings	\$144-\$274	\$179-\$342
Crown.....	\$929	\$1,161
Root Canal.....	\$619-\$878	\$773-\$1,097 (Anterior or Molar)
Denture	\$1,420	\$1,775 (Top or Bottom)

Other Treatments

Service	Co-Payment "Basic Care"	Regular Fees as High as
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Emergency Exam	\$60	\$75
Sealants (per tooth).....	\$44	\$54
Nightguard.....	\$600	\$750
Cosmetic Whitening (per arch) ..	\$160	\$199
Cosmetic Consultation	No Charge	No Charge

Please Inquire About Services Not Listed Here!



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 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 A. Alessio Conte, DDS.



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Patients agree that Dental Excellence of Brandon 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. We reserve the right to make changes to this plan. 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.