

# 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 \_\_\_\_\_

## No Deductibles, Ever



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

### Join Crescent City Dentistry's In-House Premier Dental Coverage

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

### Cleanings Brighten Your Smile & Help Prevent Disease!

Heart Disease • Strokes • Worsening Asthma  
Worsening Diabetes • Pregnancy Complications  
Alzheimer's • Dementia

Sources: National Institute of Health, NYU, University of  
Pennsylvania Dental School, Journal of Alzheimer's Disease, Penn Medicine,  
British Dental Journal & Many More.

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10964 River Road, St. Rose, LA 70087

504-469-9778

CrescentCityDentistry.com

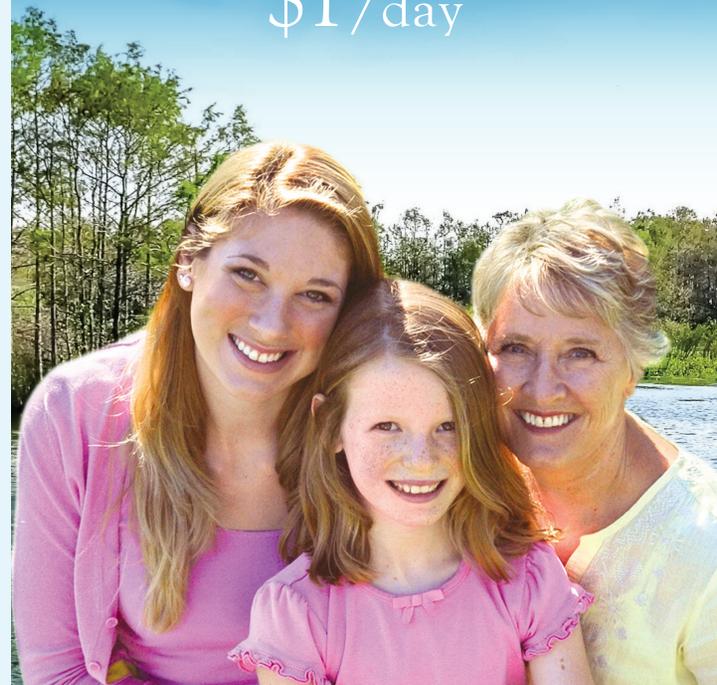
**chrisad**

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## Easy & Affordable Dental Coverage

### Premiums for Less Than \$1/day



- No Deductibles, Ever!
- All Health Conditions Accepted
- No Health Questions or Hassles



# Affordable Dental Coverage for the Whole Family!

# Complete This Form to Begin Coverage Today!

## 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 Crescent City Dentistry.

## Low-Cost Dental Coverage

- Individual Premium ~ \$306/yr.\*
- Child Premium ~ \$204/yr.\*
- Additional Family Member Premium ~ \$278/yr.\*

## Preventive Dentistry

Dental Services	With Plan
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

## Braces

Dental Services	Without Plan	With Plan
Clear Braces .....	\$6,330	\$5,064 (financing as low as \$99/mo.)
Braces Consultation .....	No Charge	

## Restorative Dentistry

Dental Services	Without Plan	With Plan
Filling (one surface).....	\$265	\$212
Filling (two surface).....	\$327	\$262
Filling (three surface) .....	\$392	\$314
Filling (four surface) .....	\$459	\$368
Crown .....	\$1,631	\$1,305
Root Canal (anterior).....	\$1,117	\$894
Root Canal (pre molar) .....	\$1,582	\$1,266
Root Planning (per quad).....	\$354	\$284
Dentures (top or bottom).....	\$2,366	\$1,893

## Other Treatments

Dental Services	Without Plan	With Plan
Extraction .....	\$431	\$345
Emergency Exam.....	No Charge	

Please Inquire About Services Not Listed Here!



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 Crescent City Dentistry.



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CrescentCityDentistry.com

Patients agree that Crescent City Dentistry 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. Membership renews automatically unless member formally requests otherwise in advance.