

Complete This Form to Begin Coverage Today

Please List All Children You Wish to Enroll

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 _____

Our Affordable
Coverage Includes
the Following
Services at No
Charge:

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

Low-Cost Dental Coverage Starting Around \$1/day Enroll Today!

Join Rota Advanced Dental Care'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!



6210 Woodmen Park View
Colorado Springs, CO 80923



We are located in the
ABBA Eyecare building
at the entrance to
St. Francis Hospital.

719-598-1224
RotaDental.com



chrisad
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Affordable Dental Coverage



20% Off
Any Dental
Service!



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 at 20% off our 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 Rota Advanced Dental Care.

Low-Cost Dental Coverage

- Individual ~ \$369/yr.
- Individual & Spouse ~ \$729/yr.
- Additional (Over 18) ~ \$347/yr.
- Additional (Under 18) ~ \$259/yr.



Please
Inquire About
Services Not
Listed Here!

20% Off ALL Services Including Those Listed Below

- ♦ Fillings
- ♦ CEREC One-Visit Crowns
- ♦ Root Canals
(Anterior or Molar)
- ♦ Dentures
(Top or Bottom)
- ♦ Dental Implants
- ♦ Oral Surgery
- ♦ Periodontal (Gum) Treatments
- ♦ Sealants
(per tooth)
- ♦ Nightguard
- ♦ Cosmetic Whitening

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
Rota Advanced Dental Care.



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Patients agree that Rota Advanced Dental Care 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. Membership renews annually on the day & month of initial enrollment. Membership renews automatically unless member formally requests otherwise in advance.