Sky Dental, P.A. In-House Dental Benefit Plan

Membership Plan Overview

Sky Dental is excited to offer a Dental Membership Plan to help patients with no insurance benefits get necessary dental work at a discounted rate.

How the Plan Works

The Sky Dental Membership Plan is only valid for services rendered in our office.
Unlike traditional dental insurance, there are no exclusions, no maximums and no waiting periods.

Cost of Coverage

Plan >>	**Individual**	**Individual + Spouse**	**Family Plan**
Cost[1,2] >>	$365.00	$680.00	$330.00 per family member
Notes>>	1. All Lab Fees and third-party fees such as those associated with implant or cosmetic parts and/or cases are not covered and will be billed as a pass-through expense to patient. 2. If treatment is financed through a third-party lender, such as CareCredit, there will be an added surcharge of 7% on all fees to offset Sky Dental's costs associated with accepting third party payments.		

Covered Services & Benefits

Service	Coverage	Limits
Preventive Services		
▪ Preventive / Routine Hygiene cleaning ▪ Comprehensive doctor exam ▪ Full mouth series x-rays ▪ Panoramic x-rays ▪ Intra-oral pictures ▪ Oral cancer screening ▪ Smoking cessation counseling ▪ Smile assessment	100%	Included at no additional charge 2 times per year for each patient member
▪ Periodontal Treatment / Maintenance	30%	None
▪ Topical fluoride treatment	$20 flat fee	None
▪ Pit and Fissure Sealants	30%	None
▪ Night Guards	30%	None
Basic Services & Major Services		
▪ Basic services (Fillings, extractions, root canals, etc.)	25%	None
▪ Major services (Crowns, bridges, dentures, etc.)	20%	None
Cosmetic & Implant Services		
▪ Veneers	15%	None
▪ Implants	20%	None
▪ Teeth whitening (including Zoom in-office whitening and custom whitening trays)	25%	None
▪ Orthodontics: Invisalign teeth straightening	20%	Invisalign coverage only

YOU CAN JOIN TODAY AND ENJOY THE BENEFITS IMMEDIAT ELY

If you have any questions or want to sign up, please call us at 281-964-1001

13621 Will Clayton Parkway, Humble, TX 77346

Sky Dental In-House Dental Benefit Plan Enrollment Form

Please complete the information below in order to enroll in our In-House Dental Benefit Plan:

1. *Select Plan*

Prices are per year, and coverage starts on date of enrollment. Please select a plan:

☐ Individual	☐ Individual + Spouse	☐ Family Plan
$365.00	$680.00	$330.00 X _____ # of family mem. = _____

2. *Enter Participant Information*

Primary Participant >	Last Name, First Name	✓ Primary
Additional Participants >	Last Name, First Name	☐ Spouse ☐ Child ☐ Other
		☐ Spouse ☐ Child ☐ Other
		☐ Spouse ☐ Child ☐ Other

3. *Enter Payment Information*

Name on Card		Card Type	Visa / MasterCard /Amex / Discover		
Credit Card #		CC Expiration		CVV	
Address	Street, city, state, ZIP				
Email			Cell Phone		

Acknowledgement & Signature

Please read and check off the disclosures below, then sign and date this form to initiate your coverage.

☐ I acknowledge that I have read and understood the membership plan details, and that the cost, effective date, and expiration date of my benefit plan are as shown below:

Amount Due:		Effective Date:		**Expiration Date:**	

☐ I authorize Sky Dental to charge my credit card for the amount shown above, and on anniversary date thereafter, and that I may submit a request in writing via mail or email to Sky Dental to cancel this plan 30 days prior to the expiration date shown above if I do not wish to renew my coverage.

☐ I understand that the plan participation fee is non-refundable.

☐ I understand that Sky Dental reserves the right to make changes to the plan at any time.

Print Name			
Signature		Date	

THANK YOU FOR TRUSTING SKY DENTAL TO TAKE CARE OF YOUR DENTAL NEEDS

If you have any questions, or to schedule your appointment, please call us at 281-964-1001