



Exclusions & Limitations

It Cannot Be Used:

- In conjunction with any other form of dental insurance
- For injuries covered under any other insurance plan
- For treatment, which, in sole opinion of the treating dentist, lies outside the realm of their capability
- For referrals to specialists
- For hospitalization or hospital charges of any kind
- At any other dental office

Program Guidelines:

- This plan is only honored at Bulverde Hills Dental.
- Discounts cannot be used in conjunction with any other dental plan, discount program, or discount.
- The annual fees are non-refundable. No refunds offered for underutilization of the program, relocation, or if dental insurance is obtained.
- This plan is non-transferrable. Family members cannot be substituted for another family member or friend.
- During orthodontic treatment, patient must remain a plan participant during the entire length of treatment. *(continued on next page)*

- The enrollment period is for one year from the date of plan purchase. Plan and fees are subject to change. Treatment fees are guaranteed for 90 days from the date quoted in the office.
- Dental products are not included
- Bulverde Hills Dental reserves the right to terminate membership and/or refuse treatment without notice if the member fails to pay annual fees or his/her account becomes delinquent at any time.
- An additional fee may be charged for any missed, cancelled, or broken appointments without 24 hours prior notice.
- Termination of plan will occur after 2 no show appointments.
- All payments are due at the time of service to receive the discounted fee. If not, regular fees will be used.
- We recommend that all preventative appointments are made 6 months in advance and all treatment appointments are made when diagnosed to guarantee schedule availability.

How to Sign Up

Get an application from our front office team or print one off of our website:

www.bulverdehillsdental.com



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Revised 12.18.17

BHD Dental Membership Plan



No Dental
Insurance?
No problem!



Bulverde Hills Dental is pleased to offer an in-office dental benefit for our patients who do not currently have dental insurance coverage. This innovative dental membership allows patients to receive optimal dental care while saving money!



Plan Advantages

- No Deductibles/Copays
- No Waiting Periods
- Immediate Eligibility
- No Claims to Submit
- No Pre-existing Exclusions
- No Preauthorization Required
- No Annual Maximums
- All services included at a discounted price

Annual Fee

These costs cover the benefits listed in the Plans & Benefits section of this brochure. The annual fee is due in full on the date of enrollment.

Adult \$325*

Children (Under 14) \$300*

**If annual fees are paid using Care Credit or another third party financing option, there will be an additional \$25 cost per person.*



Plans & Benefits

Adult & Child Plan (annually):

- 2 exams (1 periodic/1 emergency)
- 2 cleanings*
- All necessary x-rays (excluding CBCT)
- 2 fluoride varnish treatments
- 1 oral cancer screening
- 15% off all other treatment**

** "Cleanings" by our office are defined as the removal of coronal plaque, calculus buildup, and stains on the tooth above the gum line. Deeper cleanings fall under periodontal therapy. Patients with gum disease are recommended to receive 4 cleanings per year. Two of these cleanings will be covered under your membership plan and two will be 15% off of the fee for periodontal maintenance.*

***If treatment is paid using Care Credit or another third party financing option, the discount will be limited to 10%.*



Plan Savings

Compare the cost of our membership plan with premiums you may be paying for traditional dental insurance. You may be surprised with the additional benefits and savings you would receive on our membership plan.

Adult Plan	Fee	Plan
Periodic Exam	\$56	\$0
2 Adult Cleanings	\$200	\$0
Bitewing X-rays	\$75	\$0
2 Fluoride Varnish	\$110	\$0
Emergency Exam	\$90	\$0
Individual X-ray	\$35	\$0
Total	\$566	\$325

Child Plan (<14)	Fee	Plan
Periodic Exam	\$56	\$0
2 Child Cleanings	\$150	\$0
Bitewing X-rays	\$75	\$0
2 Fluoride Varnish	\$110	\$0
Emergency Exam	\$90	\$0
Individual X-ray	\$35	\$0
Total	\$516	\$300

Treatment Ex.	Fee	Plan
Filling 2391	\$205	\$174.25
Extraction 7210	\$305	\$259.25
Crown 2740	\$1200	\$1020
Total	\$1710	\$1453.50



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BHD Membership Plan

First Name _____ Last Name: _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Date of Birth _____ SS# _____

Please list below any additional people you would like to enroll in the BHD Membership Plan:

Name	DOB	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Effective Date: _____ (The enrollment period is valid for one year from this date.)

Enrollment Fee	Number	Total
Adult \$325	X _____	_____
Child \$300 (less than 14 years old)	X _____	_____
	Total	_____

(I am aware an additional \$25 will be added per person if paying with Care Credit or another 3rd party financing option.)

Payment information:

Credit Card# _____ Exp _____ CVV _____ Zip _____

Signature _____ Date _____

I understand the benefits, limitations, and requirements of the BHD Membership Plan and agree to the terms. Payments are due at time of registration and service to receive discounts. This is not an insurance product.