

Scott FAMILY DENTAL 

Kevin Scott, DDS

750 Fishcreek Thoroughfare
Suite 260
Montgomery, TX 77316
Phone: 936-289-9353



**Our family taking care of your family
one smile at a time.**

www.kevinscottfamilydental.com

Scott FAMILY DENTAL 

MEMBERSHIP PLAN



**Our family taking care of your family
one smile at a time.**

Our convenient money-saving plan
to help keep you and your
loved ones smiling!

www.kevinscottfamilydental.com
936-289-9353

Affordable Dental Care for All...Now!

Getting affordable quality dental care for you and your family is now easier than ever with a **Scott Family Dental Membership Plan**.

Dr. Kevin Scott understands the importance of affordable dentistry and wants his patients to receive the care they need within a budget they can afford.



When you enroll in our **Dental Membership Plan**, you save money on great dental care...and you also save a lot of hassle that can come from dealing with insurance companies! Each of our Dental Membership Plans comes with:

- **No Yearly Maximums**
- **No Deductibles**
- **No Claim Forms**
- **No Pre-Authorization**
- **No Pre-existing Condition Limitations**
- **No Waiting Periods**
- **Immediate Eligibility**

Membership | \$75/yr per family member*

Included Benefits:

- **25% Off Hygiene Visits** (incl. periodic exam, x-rays, fluoride and oral cancer screenings)
- **15% Off All Other Services Our Practice Offers**

*Total cost of each plan is based on 12 months from the purchase date. You will not receive a membership card. Your plan's effective date will be on file. Scott Family Dental Membership Plans are not insurance plans, have no underwriter, and may not be combined with any other insurance coverage or dental plans. No claim forms need to be filed; Scott Family Dental shall not bill an insurer for services delivered under membership plans. No qualifications are necessary. Plans are non-refundable.

Please Fill Out & Return Form Today to Begin Coverage!

First Name _____

Last Name _____

Middle Initial _____ Female Male

Home Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Date of Birth _____ SS# _____

Signature _____ Date _____

Signature (practice representative) _____ Date _____

Discover MasterCard Visa

Card Number _____

Expiration Date _____

Patient agrees that Scott Family Dental 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 live in the same household. This is not an insurance product.

Please note: Advance notice of at least two business days is required to cancel or reschedule appointments. Services that are not provided in our office are not covered under this membership plan.

Questions? We're here to help! Please talk to any of our care team!

• 936-289-9353