



SUNRISE

Advantage Plan

Membership Application

Parent/Guardian Information:

LAST NAME		FIRST NAME		DATE OF BIRTH
STREET ADDRESS			PHONE NUMBER	
CITY			STATE	ZIP CODE

Dependent Information: (List all eligible dependents you wish to cover below)

CHILD'S LAST NAME	CHILD'S FIRST NAME	DATE OF BIRTH
1		
2		
3		
4		
5		

Coverage Information:

COVERAGE TYPE:

- SINGLE: Age 3 or under (\$ 195.00 per year)
- SINGLE: Age 4 thru 18 (\$ 495.00 per year)

TOTAL: _____

PAYMENT TYPE: _____

I have read and understand the terms and conditions of the Sunrise Advantage Plan as listed on the back of this form and hereby request membership. I also understand that the membership fees indicated above constitute acceptance for membership in the Sunrise Advantage Plan for the twelve (12) months beginning on the date that the application is actually received and approved. I agree that Sunrise Pediatric Dentistry shall be under no liability whatsoever upon processing these payments in accordance with the terms and conditions.

X

Parent/Guardian Signature Date

For Office Use Only

IDENTIFICATION NUMBER	1 ST BILLDATE	APP DATE	EFFECTIVE DATE	TERMINATION DATE
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Terms and Conditions:

- The discounted fees associated with the Sunrise Advantage Plan are reduced fees for services performed by Sunrise Pediatric Dentistry, PLLC and in no way, qualifies as dental insurance.
- The discounts associated with the Sunrise Advantage Plan are only available through Sunrise Pediatric Dentistry, PLLC and are not available at other dental facilities.
- The initial term of this agreement is twelve (12) months beginning at the date the application is actually received and approved.
- Membership eligibility is defined as a child age eighteen (18) or under, still living in the household, or as a full-time student, under a parent's or guardian's supervision.
- The annual membership fee for a child, age three (3) or under is \$195. The annual membership fee for a child, age four (4) through age eighteen (18) is \$495. Fees and plan discounts are subject to change without notice.
- Missed or broken appointments without 24-hour notice will be charged \$50.
- All member co-payments are due at time of service.
- Membership in the Dental Plan may be terminated for abuse, fraud, and/or failure to pay membership fees for properly billed dental charges.
- The Sunrise Advantage Plan is administered solely by the dental office and may be discontinued at the end of any month with or without notice.
- Unless prior signed financial arrangements have been made, the fee is due, in full, the day of the service. Parent and/or guardian is responsible for child's financial payment of membership and co-payments. If the account is sent to a collection agency, or to an attorney for non-payment, parent and/or guardian will be responsible for any and all collection fees, attorney fees, and accruing interest in addition to the unpaid balance.

Plan Limitations:

- Prophylaxis is limited to twice (2) every anniversary year, age 18 and under. Additional prophylaxis is available for \$45 per treatment-visit.
- Fluoride treatments are limited to twice (2) every anniversary year, per member, age 18 and under. Additional fluoride treatments are available for \$45 per treatment-visit.
- All covered replacements and services are subject to the co-pay percentages as listed in the Schedule of Services and the private fee schedule of the office of Sunrise Pediatric Dentistry, PLLC.
- Recementing space maintainers are limited to once (1) per anniversary year.

Plan Exclusions:

- Any dental procedure performed either before or after a member's eligibility period is excluded.
- Replacement of a satisfactory filling or crown is excluded.
- Replacement of lost or stolen pediatric partials, crowns, or appliances is excluded.
- Bleaching of teeth for cosmetic or restorative purposes is excluded.
- Orthodontics or the services of an orthodontist are excluded.
- Periodontics or the services of a periodontist are excluded.
- Any dental procedure, appliance, or restoration to correct congenital, developmental, or medically induced dental disorders, including but not limited to, treatment of myo-functional, myo-skeletal, or temporomandibular joint dysfunction (TMJ) is excluded.
- Any dental procedure related to injuries, which are intentionally self-inflicted, is excluded.
- Any dental procedure not listed as a covered service, including but not limited to, general anesthesia, the services of an anesthesiologist, prescription medication, hospital and/or medical charges of any kind, surgery of fractures and/or dislocations, trauma to the mouth, and the treatment of malignancies, is excluded.
- Dental procedure costs incurred for sedation dentistry, including but not limited to, oral, IV, or inhalation, etc. are excluded.
- Dental Plan discounts for dental services provided in association of benefits received from an alternate source, including but not limited to, workman's compensation, medical/health insurance, general liability, auto insurance, business liability, etc. is excluded.
- Coordination of Sunrise Advantage Plan benefits with other dental plans or insurance plans is excluded.

Sunrise Pediatric Dentistry
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