



In-House Discount Program Agreement

At Summer Creek Dental, we strive to make every patient comfortable while providing affordable dental treatment.

With our In-House Discount Program, each enrolled member will receive two exams, two cleanings* and necessary x-rays yearly. You will also receive a **35% discount** on all services for one year. (Excluding surgeries with our oral surgeon, and all cosmetic services, including but not limited to: Invisalign, teeth whitening and veneers)

\$300.00 is due at the time of contract signing and will be good for 365 days. At the beginning of the next contract year, if the patient wishes to continue with the program, a new contract and/or rates may apply.

Immediate family members may also be covered under the program for an additional \$250 each for NON-periodontal patients, and \$350 each for periodontal patients. Immediate family members consist of: spouse and/or significant other, children up to age 18, or full time students up to age 26.

Below are the terms and conditions for using the In-House Discount Program:

- *Two cleanings a year includes basic prophylaxis. This service is provided for children and adults who are in excellent health with no bone loss, recession, or inflammation. A prophylaxis (or prophy) by definition is cleaning plaque, tartar and stain from the enamel tooth portion above the gums only. This does not include periodontal treatment (deep cleaning, SRP, full mouth debridement, etc.)
- I understand that I may not use dental or medical insurance in conjunction with this program.
- No refunds or cancellations. Initial payment is due on contract signing date. Co-pays for treatment are due on the date of service.
- I understand if I fail to pay my co-pays at the date of service, my account will be sent to a collections agency and the contract will no longer be in effect.
- I understand that in the event I have to be referred to a specialist of any kind for additional treatment, this discount does not apply. (Discount is only valid at Summer Creek Dental)

Patient's name: _____ DOB: _____

Contract Start Date: _____ Contract End Date: _____

I, _____, agree to the terms and conditions of Summer Creek Dental's In-House Discount Program. I am fully informed of all terms and conditions and agree to abide by the contract as stated above.

Signature of Responsible Party

Date