



**In-House Discount Program Agreement- PERIODONTAL PROGRAM**

**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-one comprehensive periodontal oral evaluation and one periodic evaluation, periodontal probing and charting, three periodontal maintenance cleanings (recall visits, every 3 months)\* 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)

**\$400.00 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:

- \*Three periodontal cleanings a year are included at 3 month intervals **after** scaling and root planning is completed. (Any additional cleanings beyond the 3 included, will be charged at the 35% discounted rate)
- 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