

Loyalty Program

I, _____, elect to join Seven Lakes Dental's Loyalty Program as outlined below.

The program will be effective for 12 consecutive months from the date of signature. I understand that this program cannot be used in conjunction with any existing insurance coverage.

The Seven Lakes Dental Loyalty Plan is designed to provide patients a discount on services provided the patient is completing periodic preventive care visits as treatment planned by Dr. Larreau or Dr. Thomas. The agreed discount shall be 20% off all services provided by Seven Lakes Dental as long as **payment is made the same date services are provided**. The discount will not apply to charges for Nitrous Oxide (or other sedation options) and whitening solution or kits.

Preventive care requirements needed in order to receive the discount are as outlined:

- Periodic exam at each visit (at least 2 completed per 12 months)
- Prophylaxis or Periodontal Maintenance at each visit (at least 2 completed per 12 months)
- 1 set of 6 series x-rays annually

I UNDERSTAND THAT I WILL NOT RECEIVE THIS DISCOUNT IF PAYMENT IS NOT MADE IN FULL ON DATE OF SERVICE.

This contract will become null and void if I do not comply with the schedule for preventive services, as outlined above.

*This program may be discontinued or altered at any time.

Patient Signature

Date