



## Loyalty Savings Plan Agreement (Child Health Plan)

This Loyalty Saving Plan Agreement is entered into effective as of [\_\_\_\_\_] (the "Effective Date") between Limberakis Family Dentistry with an address at 1021 Old York Road, Abington, PA 19001 (the "Practice") and the individual listed as the patient at the end of the Agreement (the "Patient") pursuant to which Practice has agreed to offer Patient discounted dentistry services pursuant to the terms set forth below.

**1) SERVICES INCLUDED.** During the period commencing on the Effective Date and continuing for one (1) year thereafter (the "Term"), Dentist agrees to provide the following, subject to the terms of this Agreement:

(A) Covered Services. Dentist shall provide the following during the Term without any further payment by Patient other than the "Membership Fee" (as defined hereafter):

- Two (2) cleanings
- Two (2) routine hygiene exams
- One (1) set of routine x-rays
- Two (2) fluoride treatments

(B) Additional Discount. In addition to the services provided in Section 1(A), Patient shall be entitled to an additional twenty percent (20%) discount on the Practice's usual and customary fee for all other dentistry services suggested by the Practice, except that such discount shall not apply to: (i) any Invisalign treatment; (ii) payments made with Care Credit or other third-party health care financing; or (iii) services provided by any specialists regardless of whether such treatment is recommended by the Practice (i.e. the discount shall only apply to services provided by the Practice's dentists).

**2) MEMBERSHIP FEE.** The fee for the services and discount to be provided pursuant to this Loyalty Savings Plan (the "Membership Fee") is **\$299.00** and shall be paid upon the execution of this Agreement to "Limberakis Family Dentistry". The parties hereto agree that the Practice shall have no obligation to provide any services or honor any discounts hereunder unless the Membership Fee is timely paid in full. **The Membership Fee is nonrefundable.**

**3) LIMITED TERM/NO RENEWAL.** The services and discount to which Patient is entitled hereunder shall be limited to the Term (i.e. the one year period commencing on the Effective Date) and, as such, all services covered hereunder must be completed prior to the expiration of the Term. It is the sole responsibility of the Patient to maximize the benefits provided under this Loyalty Savings Plan by arranging and attending all appropriate appointments during the Term. The Patient shall not be entitled to any reimbursement in the event that he or she does not take advantage of the benefits of the Loyalty Savings Plan prior to the expiration of the Term.

Patient acknowledges that this Agreement will not renew following the Term unless the Practice and Patient agree in writing to effect such renewal. Any renewal shall be subject to an increase in Membership Fee and/or modification of the services and discounts offered by the Practice.

**4) NON-TRANSFERABLE.** This Agreement is non-transferable and, as such, may only be used for the benefit of the Patient. Without limiting the foregoing, Patient acknowledges that the rights and benefits hereunder may not be transferred to or otherwise utilized by the Patient's family members.

**5) NOT INSURANCE/CANNOT COMBINE WITH INSURANCE.** Patient acknowledges that the Loyalty Savings Plan provided for hereunder is not an insurance plan and can only be used at the Practice. The benefits provided may not be combined with any other insurance plan, third-party payors or other discounts.

**6) ADDITIONAL TERMS.**

- a. Cancellation Fee. In the event that Patient fails to appear for any scheduled appointment during the Term without cancelling the appointment at least forty-eight (48) hours in advance, Patient shall pay Practice a cancellation fee of \$40.00. The Practice shall have no obligation to provide any further services to Patient until he or she has paid the cancellation fee.
- b. No obligation to treat. The Practice shall be under no obligation to provide any services which, in the Practice's sole discretion, the Practice does not generally provide. Similarly, the Practice shall have no obligation to provide any treatment which it does not believe is necessary for the Patient.
- c. Zero balance prior to initiation of contract. The contract is only eligible for patients who currently do not carry a balance on their account. Patient acknowledges they will be unable to renew the policy if they carry a balance on their account at the time of renewal.
- d. Payments due at time of treatment. All payments due in connection with any services provided during the Term must be paid at the time of treatment. Patient acknowledges that he or she will not be permitted to make such payments on a payment plan nor shall Patient be entitled to any additional discounts other than as provided hereunder.
- e. Entire Agreement/Amendment. The terms set forth in this Agreement constitute the entire agreement between the Patient and Practice in connection with the Loyalty Savings Plan and supersede any prior writings or oral agreements. The terms of this Agreement may not be amended except by mutual written consent of the parties hereto.

**The parties hereto acknowledge that this Agreement is a legally binding document. By signing below each party acknowledges that they understand and consent to the terms set forth above.**

**Practice Signature:** \_\_\_\_\_

**Patient/Guardian Signature:** \_\_\_\_\_

**Patient's Name:** \_\_\_\_\_

**Patient's Address:** \_\_\_\_\_

**Guardian's name (if applicable):** \_\_\_\_\_