

Healthy Smiles Dental

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Healthy Smiles Dental Smiles Rewards Program Patient Sign-Up Form

Please enroll me in the Healthy Smiles Dental Smiles Rewards Program.

By enrolling in this program, I understand that Healthy Smiles Dental will send me occasional emails with announcements about special opportunities for program members. I understand that Smile Reward Points will be credited to my Smile Rewards Account at the time Healthy Smiles Dental receives payment in full for my dental procedures, including any payments from my insurance company, and deducted from my account when I redeem them for premiums offered by the rewards program. I understand that premiums offered in the rewards catalogue may change without notice, that rewards points have no monetary value, and that Healthy Smiles Dental reserves the right to terminate the program at any time. Healthy Smiles Dental will not share my email address or other contact information with other companies.

Thank you, but I do not want to enroll in the Healthy Smiles Dental Smiles Rewards Program at this time.

Name _____

Address _____

City _____ State _____ Zip _____

E-mail address (required) _____

Telephone _____

Signature _____