



Financial Policy For Our Patients

INSURANCE

Our office will gladly work with you to help get the maximum benefit available to you. Most dental insurance plans do not cover 100% of your cost of treatment. Because of this, you will be asked to pay a portion of all non-preventative procedures on the day treatment is rendered, in order to cover your deductible and your co-payment. Also, for all non-preventative treatment under \$200.00, you will be asked to pay in full. Any resulting credit balances that exist after insurance payment has cleared will be refunded to you by check.

Because the insurance policy is an agreement between you and your insurance company, the ultimate responsibility for all charges lies with you. If after 60 days the insurance company has not paid on the claim, you will be responsible for the total balance.

PAYMENT OPTIONS

1. Cash or check - We are happy to offer a 5% pre-payment courtesy discount for all treatment paid in full by cash/check, on the day treatment is rendered.
2. Credit card - Our office accepts Visa, MasterCard, and Discover.
3. CareCredit - This low minimum, third-party monthly payment program is designed to pay for dental care not covered by insurance. With this option, you can start your treatment immediately and pay your balances over 3, 6, or 12 months with little or no interest. The application process for CareCredit can be completed online at www.carecredit.com, and all qualifying candidates will be approved immediately.
4. Payment Plan Agreement - In some instances, our office will agree to directly finance your treatment. If this option is chosen for you, our financial coordinator will draft a contractual agreement which will outline your method of payment, and payment schedule.
5. Clear Creek Discount Plan - Our in-house discount plan offers you 20% off treatment. All treatment must be paid in full at time of service. You must pay an annual fee to enroll, and you will receive two standard cleanings, four bitewings, and two dental exams per year FREE of charge. FREE teeth whitening trays are also included. Ask our financial coordinator for more information.

I have read, understand, and accept the terms of the aforementioned financial policy:

Print Name: _____

Signature: _____

Date: _____

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