



2502 Abarr Dr. Loveland CO 80538 • Phone 970-669-1444 • Fax 970-669-1445

Financial Guidelines

Thank you for choosing our practice for all your dental care needs. We are committed to providing you with the highest quality dental care using only the best materials and technology available on the market today. We are also committed to providing you with the up-to-date information and educational tools so that you may fully participate in maintaining optimum oral health. These financial guidelines are intended to facilitate excellent service to you while minimizing our administrative costs.

All charges you incur are your responsibility regardless of your insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient. Not with your insurance company. Our office is not a party to that contract and we have no say in the coverage your insurance provides.

As a courtesy to you, we will help you process all your insurance claims. We will estimate your portion due at the time of service to the best of our knowledge. We will then bill your insurance and any unpaid balance will be your responsibility. It is also your responsibility to keep us updated on your current insurance information.

Payment is due at the time services are provided. Our office accepts cash, personal checks, Master Card, Visa, American Express, and Discover. Outside financing is available through Lending Club upon request and approval. Please see the following page for additional details about the payment options our office offers.

Regarding divorce and family billing: This office is not a party to any divorce decrees. We may bill the person designated as the responsible party as a courtesy to you. However, please understand that our legal right is to bill the party (or guardian) that is present for treatment. Any collection fees, court costs, reasonable attorney fees, or returned check fees are the responsibility of the adult person(s) named on the account.

If you have any questions regarding our financial guidelines, please ask. We are committed to providing you with a positive and supportive experience in dental care.

Print name

Signature

Date



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Notice of Financial Options

We understand that our patients have a variety of needs in financing their dental treatment, and we want to support you in finding the best option for your needs. Below you will find the options our practice provides for financial arrangements. **Please note that any estimate of insurance coverage and patient responsibility is ONLY an estimate and is not a guarantee of payment from your insurance company.**

Payment Options

1. Down Payment Plan:

For any treatment of \$500 or more, patients may make a down payment of 40% of the total cost of treatment on the day treatment is provided. After this initial payment, the remaining balance is to be paid over the next three months (90 days) in monthly payments. No interest is applied to the 60% balance.

2. Cash Discount for Payment in Full:

We offer a courtesy discount of 5% on any patient payment of \$500 or more, as long as payment is made in full prior to the scheduled treatment. Payment must be in the form of cash or check, as we cannot apply the discount to any payments made by card (debit/credit/HSA) due to credit card processing fees.

3. Outside Financing through Lending Club (needs to be approved at least 1 week prior to treatment):

Lending Club is a personal loan company that offers a variety of plans with flexible terms and the ability to finance amounts up to \$50,000. Please see the included brochure for details about Lending Club. You can apply for financing via their website – lendingclub.com/dental – and work with them directly to determine the best plan for your needs. Please note there is a minimum purchase of \$500 for a 6-month plan and \$999 for a 12-month plan, so if your treatment is less than \$500 this option will not be available to you.

Please sign below to confirm that you received this statement of financial options. This does not obligate you to a specific payment plan at this time.



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Signature _____

Date _____