

Why YOU should consider Creekside Care!

NO yearly Maximums

NO Deductibles

NO claim forms

NO Pre Existing Condition Limitations

NO Waiting Periods

NO Preauthorization Requirements

FREE Consultations



Program Guidelines

- Patient's portion of the bill is due the day of service
- There will be a \$50 reinstatement fee if your plan lapses
- Can't be used in conjunction with another dental plan
- No refunds of premiums will be issued at any time if participant decided not to utilize dental plan
- NON-REFUNABLE
- Outside financing (ex. Care Credit) may not be used to pay annual fee.



Become a member of our Creekside Savings Plan!

Creekside Care is a savings plan designed to provide our patients with a convenient, flexible in-house benefit option at an affordable price. It is a discounted fee schedule for all services, only good at Creekside Dental. You save on cleanings, crowns and any cosmetic dental treatment.



12 Cleveland Court
Greenville, SC 29607-2417
(864) 242-0496 • Fax (864) 250-0965



*Now Welcoming
New Patients!*

*No Insurance?
No Problem!*

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Creekside Premiums

Plan	Total Annual Cost
Single	\$299
Dual	\$575
Family** (3)	\$752
Family**(4)	\$917
Each Additional	\$115

Our Basic Plan for \$299 will include:

- 1 Comprehensive Exam
- 1 Annual Exam
- 2 Cleanings
- 1 Fluoride Treatment per year
- 4 Bitewing Xrays
- Any individual Xrays needed
- 1 Full Mouth Image
- 20% off Additional Cleanings, Sealants, Fillings, Oral Surgery, Root Canals, Periodontal Therapy
- 15% Crowns, Crown Build-ups, Dentures, Partials, Bridges, Implants

The dual plan Is for Parent/Child or Spouse/Spouse only

The family plans include family members and children under the age of 18 or children who are enrolled in college full time under the age of 23.

Primary Plan Holder:

Effective Date: _____

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____

Email: _____

Birthdate: _____ Social Security #: _____

Additional Family Members To Be Covered:

**Annual Membership Cost \$299
Additional Cost Per Member:**

Name _____ Relationship: _____ Birthdate: _____ Add: \$276

Name _____ Relationship: _____ Birthdate: _____ Add: \$177

Name _____ Relationship: _____ Birthdate: _____ Add: \$165

Name _____ Relationship: _____ Birthdate: _____ Add: \$115

***Total Amount Due:** _____

Payment Method:

_____ Cash (In-Office only**)

**If paying Cash, please return this application to our office In person Do not mail Cash Payments

_____ Check (make checks payable to Creekside Dental and enclose with application)

_____ Credit Card#: _____ Exp Date: _____ CVC: _____

_____ Set my account listed above to Auto Draft***

***I, _____ authorize Creekside Dental to charge my credit card each year upon my anniversary date to automatically renew my enrollment in the dental savings plan. Creekside Dental will notify me when the plan is renewed, for my records. If I choose to discontinue participating in the dental savings plan, I will notify Creekside Dental one month prior to my anniversary renewal date.

Creekside Dental, 12 Cleveland Ct, Greenville, SC 29607 864-242-0496

By signing below, I acknowledge that I have read the Creekside Care Brochure and understand the plan details, benefits, and limitations.

Member Signature: _____ Date: _____