



Office Financial Policy

This financial agreement is to inform you of your financial obligation to our practice. It is also intended to help facilitate our ability to provide excellent service to you while attempting to minimize our administration costs.

Insurance

- As a courtesy to you, we will file your insurance claims on your behalf.
- Your estimated co-payment, which is the amount not covered by your insurance, is due at the time services are provided. Your estimated co-payment may be adjusted upon final determination of your benefits from your insurance company. Our estimate of coverage is based on basic information gathered from your insurance company and is never a guarantee of payment. You are responsible for knowing your dental coverage and limitations.
- All charges incurred are your responsibility regardless of your insurance coverage. We will do our best to maximize your dental insurance benefits, but will not become involved in disputes between you and your insurance company regarding coverage. This insurance policy is a contract between you, your employer and the insurance company.

Payment

- We accept Cash, Visa, American Express, MasterCard and Discover
- Outside financing is available through Care Credit upon request and approval

Collections

- In the event of default on your account, we will turn any unpaid portion over to our collection agency. You will be responsible to pay all costs of collection including, but not limited to, collection fees, attorney fees and court costs.

Appointment Policy

- A 24 hour notice is required by all patients for any cancellations.
- A \$50 fee will be assessed for any missed appointments without the requested 24 hour notice. Exceptions may be made for special circumstances or emergencies at the discretion of our office. This fee will be donated to the Arapahoe County Humane Society.

Thank you for allowing us the opportunity to serve you, and please feel free to ask any questions concerning our services, policies and fees.

I understand and agree to the policies stated above.

Signature

Date