FINANCIAL POLICY

Thank you for choosing us as your dental care provider. The following is a statement of our financial policy, which we require you to read, agree and sign prior to treatment.

PAYMENT

We require payment in full at the time of service. For your convenience we accept cash, personal checks, Visa, MasterCard, Discover and American Express. We also offer a payment plan through Care Credit, which will be reviewed with you prior to your treatment. Please understand that payment of your bill is considered part of your treatment, and you will be required to make financial arrangements prior to any work being performed.

INSURANCE

We will prepare and submit your insurance forms for any reimbursement, if we have been given all of the necessary information for submission. We cannot bill your insurance company unless you bring in all of your insurance information. Please keep the following in mind:

- The balance is your responsibility whether your insurance company pays or not.
- Your insurance policy is a contract between you and your insurance company. We are not a part of that contract.
- Please be aware that some and perhaps all of the dental services performed by Trail Ridge Dental may be "non-covered" services and not considered reasonable and necessary under your dental contract.

Your patient portion will be estimated and due on the day of service. This estimate is based on the information received by our staff from your insurance company and is only an approximate amount. Patient portions which are underestimated will be billed immediately after payment is received from your insurance company. Overpayments on accounts will be refunded to the patient. Account balances over 30 days will be subject to additional fees and interest charges of 1.5 % per month. Checks which do not clear with your bank will be assessed a $35.00 service charge for reprocessing. If a check does not clear your bank account, checks will no longer be an acceptable method of payment. Account balances that are not satisfied as agreed will be turned over to a collection agency and will be subject to a 30% fee.

CANCELLATION POLICY

We strive to render excellent dental care to you and the rest of our patients. When an appointment is scheduled, that time has been set aside for you. Your time reservation cannot be used to treat another patient with no notice of absence or attempt to reschedule. We kindly request that you notify us at least 24 hours prior to any changes in scheduled appointments. Otherwise a failed appointment fee may be applied.

Signature_____Date_____