

*Michelle Caldwell, DDS*

7373 W. Jefferson Ave. Suite 204, Lakewood, CO 80227 - (303) 988-7800

## Financial Policy

We thank you for choosing our office to serve your dental needs. In order to keep our fees as reasonable as possible, we try to cut billing costs by asking our patients to pay their portion of charges at the time of their visit.

**NON INSURED PATIENTS:** Are expected to pay in full with cash, check, or credit card the same day the service is rendered. Full payment on the day of appointment is required for all examinations and treatment of emergencies who are not patients of record.

**DENTAL INSURED PATIENTS:** Our office staff "Understands" Dental Insurance, but each employer has different insurance plans with different benefits for you. We must therefore have your benefit booklet as well as your claim form to assist in determining your benefits. Once this is determined you will be asked to pay your deductible, if it has not been met, and your portion of your charges the day the service is rendered. **We will determine your benefit as close as possible, but it is only an estimate, until we actually receive payment from the insurance company, it is just an estimate. We will assist you in dealing with your insurance company, but the ultimate responsibility for your account lies with you.** After 60 days the balance will be due in full from you. Unpaid balances are assessed a 1.75 percent monthly finance charge.

Accounts which are delinquent for ninety days will be placed with an attorney for collections and listed with the credit bureau. In the event of default, the undersigned agrees to pay actual collection attorney fees.

Feel free to ask any questions that remain unanswered either before or after treatment. We wish to be of assistance if we can.

*By my signature, I certify I understand the above and agree to abide by the same.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

*\$50.00 charge for any missed appointment without a 48 hour notice*