

Castle Pines Dental Care Financial Policy

Castle Pines Dental Care is pleased that you have insurance to help with the cost of your dental care. We would like to help you obtain the maximum use of these benefits with this in mind, please read the following information so we can work together to ensure this benefit.

DO YOU ACCEPT MY INSURANCE?

We are participants in: DELTA DENTAL PREMIER, AETNA PPO and CIGNA insurance programs. We can file out of network claims with other insurance plans, but if the total charges are greater than coverage allowed by the plan, we expect the patient to pay the difference. If you have an "indemnity" plan, you may choose to go to any dentist without loss of allowed benefits. Some other plans require you to choose from a specific list of providers to make maximum use of your benefits. If this is the case, you may still be a patient at our office, but you will be required to pay a greater percentage of the bill than if you choose a provider from the list

HOW MUCH WILL INSURANCE PAY & WHEN IS MY SHARE OF THE BILL DUE?

You are responsible for paying your portion of the bill at the time the service is provided. Since there are hundreds of different insurance plans, it is very difficult to give you a guaranteed quote for your portion of the bill. Therefore, we estimate your portion based on the most up-to-date information we have, but it is only an estimate. If you would like to know your exact insurance benefit, we will be happy to submit a "pre-treatment authorization" to your insurance company. This does delay treatment, but will give you the exact out-of-pocket figures you may require.

INSURANCE DIDN'T PAY, NOW WHAT?

We bill your insurance as a courtesy. If insurance does not pay within 45 days, Castle Pines Dental Care reserves the right to request payment in full from you for services rendered, and let you collect the insurance funds that are due to you. The insurance contract is between you, your employer, and the insurance company. Our office is not part of this legal contract. There fore, you are ultimately responsible for any portion of treatment not covered or paid for by insurance

FINANCIAL POLICY

We accept *VISA, Master Card, Checks or Cash*. There is a \$50.00 charge for returned checks. For extensive treatment, a payment plan can be arranged upon request. Patient acknowledges and agrees that any account that becomes delinquent will be subject to collection services. Patient agrees to pay all court costs and reasonable attorney fees for collection of all past due amounts owed, plus interest heron at 18 %(eighteen percent) per annum on all such amounts outstanding.

CANCELLATION POLICY:

When a patient does not show up for their scheduled appointment, it affects our practice and other patients who need care. Our office policy is that you notify us **48 hours in advance or the Thursday before a Monday appointment** if you cannot be at your appointment; otherwise a fee of \$50.00 will be charged to your account. We will call to remind you of an upcoming appointment 1-2 days in advance. It is helpful if you return confirmation calls when we have to leave a message.

We welcome you to our practice and look forward to helping you maintain a healthy smile. We are here to serve you, if there is anything we can do to make your visits more pleasant, please don't hesitate to ask one of our staff members.

I have read, understand, and accept the terms of the above outlined policies for insurance handling and financial commitments I may incur as a result of treatment at Castle Pines Dental Care.

SIGNATURE: _____ DATE: _____