Rocky Mountain Dental Group

www.RockyMountainDentalGroup.com
(303)233-1335 • 2475 Wadsworth Blvd, Lakewood, CO 80214

Financial Policy

Our office wants all of our patients to be able to comfortably afford dental care. We will gladly discuss our payment options with you prior to beginning your treatment. We proudly offer the following financial policies so that our patients can have the opportunity to decide which payment option best suits their needs.

Consent: The undersigned hereby authorizes the Doctor to take xrays, study models, photographs, or any other diagnostic aids deemed appropriate by the Doctor to make a thorough diagnosis of the patient's dental needs. The undersigned also authorizes the Doctor to perform any and all forms of treatment, medication, and therapy that may be indicated. The undersigned also understands that the use of anesthetic agents embodies a certain risk.

Our office will gladly work with you and your insurance company to help you get the maximum benefit available to you. **Most dental insurance plans do not cover 100% of your cost of treatment. Therefore, you will be asked to pay your deductible and your estimated co-payment charges on the day services are rendered.** We are happy to file the necessary forms with your insurance company in order to receive benefit from them. We will also estimate your coverage. However, many variables exist from carrier to carrier (i.e. deductibles, maximums, allowable fee limitations, non-coverage procedures, and other restrictions). **Therefore, we cannot guarantee any estimated charges. Because your insurance is an agreement between you and the insurance company, ultimately you are responsible for all charges.** Please know that we will do everything possible to see that you receive the full benefits from your insurance company. **If for some reason your insurance company has not paid their estimated portion within 60 days from the start of treatment, you are responsible for payment at that time.**

Payment Options:

1. **Cash or Check:** On the day services are rendered
2. **Credit Card:** Our office accepts Visa, Mastercard, and Discover on the day of service
3. **Care Credit:** For treatment over $300, patients can apply for third party credit while in our office and approval is known within minutes

Missed Appointment Fees: We reserve the right to charge a missed appointment fee of $50 for broken or cancelled appointments without 48 business hours advance notice.

Past Due Accounts: Should you have a balance due on your account for more than 30 days, you will be charged a monthly percentage rate of 1.5% (18% annually) and a $2.50 statement fee.

Default Accounts: You agree to pay all costs of collections, including reasonable attorney's fees, if after default your account is turned over for collections, whether or not the matter is resolved in or out of court, with or without litigation.

Continuing Care Policy: We reserve the right to require one set of x-rays per patient and one exam performed by the Doctor every year.

Assignment of Benefits: You certify that you (or your dependent) have insurance coverage as indicated and that you assign directly to this office all insurance benefits otherwise payable to you for services rendered. You authorize the use of this signature on all insurance submissions. Please sign below to acknowledge that you have read and understand our office financial policies. You are always welcome to discuss these policies with us at any time.

Patient Name (Print): _____ Date:_____

Signature of Patient or Authorized Representative:_____