

COLORADO WEST ENDODONTICS L.L.C.

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FINANCIAL POLICY Payment may be in the form of cash, VISA, MasterCard, Discover, or American Express and is due at the time of service. Our practice is not structured to provide payment plans, and payment is expected at the time of service, no exceptions. Another option is CARE CREDIT, and is essentially a credit card that charges you interest, and allows you to make payments on the full balance, but CARE CREDIT is the creditor, and not this office. A CARE CREDIT application can be filled out and approval must be made prior to your appointment. Initial _____

If you have dental insurance:

Patients with dental insurance must realize that the relationship with your carrier is between you and your carrier, and NOT with this office. We do not have anything to do with whether or not your insurance pays on your claim at all. Remember that the goal of ALL insurance companies is to collect your premiums and NOT pay out on your claim. They utilize many tactics including misinformation, misrepresentation, delays in payment, etc., in order to prevent paying your claim. It is entirely your responsibility to deal with any problems, or delays, associated with your insurance claim. Additionally, insurance will typically cover only a percentage of the treatment; however, the **PATIENT IS ULTIMATELY RESPONSIBLE FOR THE ENTIRE FEE.** Initial _____

Only a pre-authorization of treatment by your carrier will guarantee payment. However, as a courtesy, at your request, our office may attempt to contact your insurance company (if the company is in network with us) to ESTIMATE a co-pay. This is NOT a guarantee of payment from your insurance company; it is only an estimate. Insurance companies routinely give us inaccurate information on purpose when we try, in good faith, to provide this service for you. Once insurance pays (or does not pay), any remaining balance is the responsibility of the patient. Initial _____

Our office is not a "provider" for most insurance companies, and because of that, some insurance companies pay the patient directly. In this case we would require payment in full, at the time of service, and the patient is directly reimbursed by the insurance carrier later, if they cover any of the claim at all. Initial _____

Although we may submit your claim as a courtesy, we are not agreeing to wait for them to reimburse the claim. Insurance commonly delays payment as long as possible, however, **all claims not paid by your carrier within 30 days of treatment are your responsibility to pay immediately.** Additionally, your account will be charged interest, collection costs, and attorney fees as may be required to effect collection. Initial _____

Signature _____ Date _____ Witness _____

CANCELLATION POLICY

Like all endodontic practices, we have numerous patients requiring treatment as soon as possible; therefore, we value our appointment times. We expect patients to be responsible for their appointment times; however, as a courtesy to you, we will place a confirmation call the day prior to your appointment. If you are not available, we will leave a message. We require a 24-hour notice for all cancellations. After 2 failed appointments and/or short-notice cancellations, we will require a full payment prior to scheduling any further appointments. If you neglect to cancel within 24-hours of your third appointment, your payment will be automatically forfeited.

I have read and understand the above information to the best of my knowledge. I agree to be responsible for payment of all services rendered on my behalf or that of my dependents.

Signature of patient (or guardian, if minor)

Date

Witness