



- 1220 Oak Park Dr., Fort Collins, CO 80525 ~ Phone (970) 223-8687 ~ Fax (970) 225-1574
 - 383 W. Drake Rd, #103, Fort Collins, CO 80526 ~ Phone (970) 377-2500 ~ Fax (970) 207-1971
 - 1122 9th St., #101, Greeley, CO 80631 ~ Phone (970) 353-5203 ~ Fax (970) 353-9441
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FINANCIAL INFORMATION

We find that our clients appreciate knowing in advance what is expected of them financially and what terms and conditions are available. Please read the following information carefully. If you should have any questions, please direct them to one of our Financial Administrators.

As a condition of treatment by this office, all fees are due and payable at the time of service. We gladly accept cash, personal checks, and most major credit cards for payment of your account. For your convenience, we also work with Care Credit and Capitol One. Please ask our financial administrators for information on these outsourced financial plans.

For patients who carry dental insurance, similar terms apply. We request that you pay in full at time of service or pay an estimated portion of your days' service and leave a credit/debit card on file. If you choose to leave a card on file with us, as a courtesy, we will submit your claim for you and once insurance pays, charge your card for any remaining portion. Your insurance policy is an agreement between you and your insurance company. Our relationship is with you, not your insurance company. Therefore, all charges are ultimately your responsibility, regardless of your insurance status. We cannot collect overdue insurance claims or negotiate settlement on disputed claims. You are responsible for the total charges or any difference remaining following payment by your insurance company. We will ESTIMATE as closely as possible your coverage. If your insurance has not made payment or you feel that your insurance company has not made adequate payment on your account, you must contact them first to discuss this matter. We will not resubmit claims until this has been done.

_____ (initial)

Your insurance company is required by the Colorado Insurance Commissioner to process, pay or reject all insurance claims within 30 days. We guarantee accurate filing based on the information you provide to us. On day 31, if your insurance company has not reimbursed our office, the responsibility reverts to you. Balances not paid within 60 days will be subject to collection. _____ (initial)!

APPOINTMENT COMMITMENT

To best meet the needs of our patients and their families, the ToothZone is an "On Time Dental Practice". When we schedule an appointment for your child, two events occur: 1) we will hold that appointment time for your child in our appointment book and, 2) we trust you will arrive on time for that appointment. If you are late for an appointment, we will do our best to fit you in our schedule. However, it may be necessary for us to reschedule your appointment. Please note that repeated cancellations with less than a 24-hour notice may result in you being charged a \$25 fee. _____ (initial)!

Our office is open Monday through Thursday from 8:00 – 5:00 PM and on Friday from 8:00 until Noon. (Our office is closed from 12:00 – 1:55 PM, Monday through Thursday.) Should you have appointment needs, concerns (or questions regarding your statement, please do not hesitate to call us: 223-8687 (TOTS).

In consideration of the professional services rendered to my child, I agree to accept responsibility for the payment of such services; and I agree to pay all legal costs including collection fees and attorney fees if I fail to pay my account. I grant by permission to you, or your assigned, to telephone me at home or at my work to discuss matters related to this form. I have read and agree to the above conditions of treatment.

(Signature of Parent / Guardian)

(Date)