



Practice Financial Policy

Thank you for choosing Forest Hills Dental Care. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of our mission is making the cost of optimal care easy and manageable. We offer several payment options to make this possible.

Available Payment Options:

Our office requires payment at the time of or prior to treatment.

- Cash, Check, Visa, MasterCard, Discover or American Express
- Convenient Monthly Payment Plans from Care Credit or Citibank*
 - Allows you to pay over time
 - No annual fees or prepayment penalties
 - No interest for up to 12 months

If you have dental insurance we will be happy to work with your carrier to maximize your benefits. We will bill the carrier directly for reimbursement of your treatment**. We will work very hard to provide you with accurate pricing for your dental care. We cannot guarantee your insurance will cover your treatment. However, a quotation of eligibility and benefits from your insurance carrier does not guarantee payment**. We will submit a pre-determination at your request for your dental procedures ahead of time to determine your portion of the billing. Please remember your insurance benefits are contracted between you and your employer. The amount of coverage you receive will depend on the quality of the dental plan purchased by your employer, not the fees of the dentist. Any portion of your billing not covered by insurance will be paid for the day of or prior to treatment. Any accounts that are 60 days past due automatically accrue a minimum of \$5.00 or 1.5% interest per month. We are unable to carry **ANY** account balance past 90 days. Should this office be required to employ a collection service to collect delinquent accounts; you agree to pay all finance charges, collection cost, attorney fees, and any other cost that may be incurred to enforce collection of any amount outstanding. Once the account has been sent to collections, we no longer have control of the account and can no longer discuss details of your account with you.

Returned Check Policy:

Our office charges \$25.00 for returned checks.

Cancellation Policy:

Our office requires no less than 24 hours' notice for cancelling appointments. Missed appointments and appointments cancelled without notice are billed \$50.00 per appointment. All cancellation fees must be paid before additional treatment is performed.

Records Transfer:

For records transfer a charge of \$25.00 will apply.

If you have any questions, please contact our office at 303-840-9557.

Patient Name

Patient Signature or Responsible Party

Date

*Subject to credit approval. You may apply for Care Credit at www.carecredit.com or call 800-859-9975.

**If reimbursement is not received from the insurance carrier within 90 days if treatment you will be responsible for payment of your treatment fees.