

Sylvia Talavera, D.D.S.
1692 Wadsworth Blvd.
Unit 105
Lakewood, CO 80214

FINANCIAL POLICY STATEMENT

This financial policy statement is designed to provide our patients with information concerning our fees, how they are set and the payment options available. It is our intention to keep our fees in the middle range of dental fees in our area. We use fee surveys as well as dental insurance company data to assure that we maintain the range we target. The law requires that third party payers (insurance companies, etc.) be charged no more than the usual and customary fees charged to the bulk of the private clients in a practice. We scrupulously adhere to this regulation.

PAYMENT POLICY

As in most other service industries, payment is expected at the time that the service is performed unless special arrangements have been made in advance. We accept cash, checks, Visa and MasterCard.

IN OFFICE CREDIT POLICY

As a courtesy to our regular patients, we offer a monthly billing service. Bills are expected to be paid in full each month. If bills are not paid in full after the first billing then a \$2.00 fee will be added each month to cover the expense of postage and supplies. The federal Truth and Lending Act requires that any extension of credit beyond three months require a disclosure statement therefore, accounts longer than three months history require special arrangements.

On work that requires laboratory procedures, we request that 50% of payments be paid at the time the service is started in order to cover laboratory expenses.

OVERDUE ACCOUNTS

Unforeseen situations occur which might cause an account to become overdue. We expect that the responsible party will keep us informed of these unique situations so adjustments can be made if necessary. We will make one contact regarding an overdue account. After that the account will be considered delinquent.

DELINQUENT ACCOUNTS

Delinquent accounts will be turned over to a contract commercial collection agency. An interest percentage per annum will be added to all past due accounts. In the case of default of payment, any legal interest on the balance due, together with any collection costs and reasonable attorney fees incurred to effect collection of the account or future outstanding accounts will be the full responsibility of the responsible party. While an account is delinquent, any services rendered will be strictly on a cash basis.

INSURANCE

We are happy to complete your insurance forms in an acceptable way that receives the best return for you. However, this does not release the patient of full responsibility for the charges in full for any services rendered. Any insurance claim that has not been paid within sixty (60) days of date of treatment is the full responsibility of the responsible party. The estimate provided by this office is to be considered a guideline until the final insurance payment is received and the patient's account has been reconciled. This office can make no guarantee of the insurance payment as estimated.

MISSED APPOINTMENT FEE

This office will charge a fee for any missed appointment in which a 24 hour notice has not been given. Any missed appointment without notice is wasted time for the dentist and staff. If a cancellation occurs in a timely fashion then this will allow appointment of another individual. There will be a charge of \$25.00 for each thirty (30) minutes scheduled.

I have read this financial policy statement provided for me before any services have been rendered and I full understand the policy of this office. I have been given the chance to ask questions and all my questions have been answered to my satisfaction. I agree to comply with the financial policy of this dental office.

SIGNATURE OF RESPONSIBLE PARTY

DATE