

Avon Dental  
50 Buck Creek Road, Avon, CO 81620  
970-393-5128

### **Patient Financial Policy**

Thank you for choosing Avon Dental! We look forward to serving you and are committed to providing you with an exceptional level of care and attention!

Your clear understanding of our Patient Financial Policy is important for our professional relationship. Please read carefully and initial after each section, then sign and date at the bottom.

### **Dental Insurance**

- We participate with many insurance plans and we want to maximize your benefits.
- We will do our best to gather your insurance information and provide accurate estimates based on the information we have been provided.
- Due to increased hold times and difficulty obtaining plan information, you may be asked to call your insurance company to determine the network status and coverage.

### **Complete Dental Insurance Information is Required 48 Hours Before your Appointment**

- Dental insurance information submitted to our office must be accurate and complete
- If we do not receive the information at a minimum of 48 hours before your appointment, you have 2 options:
  1. Pay in full for your visit
  2. Reschedule when you have the correct insurance information

### **We will Submit your Dental Claims as a Courtesy**

- If your claim is denied, we will follow up and appeal 1 time on your behalf.
- We cannot accept responsibility, control, or guarantee any payment from your insurance company.
- You are responsible for the total financial obligation for all services and/or procedures rendered.
- Outstanding insurance balances after 60 day will be billed to the patient.

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### **Treatment will be Based on what is BEST for you and your Health**

- We will create and review treatment plans as needed, based on what is BEST for you and your health and not what your insurance will cover.
- Procedures and prices will be based on your CURRENT dental health and valid for 90 days.

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### **Payment is Due at the Time of Service**

- Payment options: Cash, Check, All Major Credit Cards and Care Credit.
- A 5% courtesy discount is available for patients without insurance and paying with cash or check on a balance paid in full on the date of service. (cannot be combined with Care Credit or VIP Member Program)
- In-House VIP Member Program available to patients without Dental Insurance for a small yearly membership fee.
- Returned check fees of \$25.00 will be applied to each returned check.

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**SAVE by Paying with Debit Card or Cash**

- There is NO surcharge applied on *debit card, HSA cards and cash transactions*. When paying with a credit card, there is a 3.0% surcharge applied to all transactions which is no greater than our cost of accepting credit cards.

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**Outstanding Balances**

- Accounts that reach 90 days past due, with our attempts to collect unresolved, will receive 1 final letter with a date stated to pay the account in full. If no resolution is made, the account will be sent to our collection agency with possible discharge from the practice.
- If the account is turned over to collections, the person financially responsible for the account will be responsible for all collection fees, including but not limited to attorney's fees and court costs.
- In the event a legal suit is necessary to enforce payment of the account, the person financially responsible for the account will agree to pay for all attorney and/or court fees.

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**Guarantor Payment Method on File for Children and Dependents 18 and Under**

- All children and dependents 18 and under will have a current payment method on file, from the guarantor to run outstanding balances by Avon Dental as detailed on the following Credit Card Authorization Form.

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**Payment Method on File for Patient and Immediate Family Members**

- All patients must have a current payment method on file, to run outstanding balances by Avon Dental, as detailed on the following Credit Card Authorization Form.

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**Avon Dental is Authorized to RUN Balances \$150 and Less on Card on File**

- I authorize Avon Dental to run my personal and/or immediate family members outstanding balance, if not paid within 30 days of receiving notification of balance either by text or emailed statement, of \$150 or less on the most recent used card on file.

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**Late and Cancellation Policy**

- At Avon Dental, we value your time. To ensure all patients receive quality care, we ask you to arrive 10 minutes prior to your scheduled appointment time.
- If you arrive more than 10 minutes late, we may not be able to complete the treatment that was scheduled.
- If it is necessary for you to cancel an appointment, we require a 48 hour advance notice.

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**Privacy Practice Policy**

I hereby authorize payment directly to Avon Dental from the insurance benefit provider otherwise payable to me. I grant the right to Avon Dental to release my dental history and other pertinent information about my dental treatment to third party payors.

**I have read and understand the payment policy and agree to abide by its guidelines.**

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**For Parents of Minor Children:**

I hereby authorize the following individuals to bring my child to and from appointments and have indicated if they have authority to authorize treatment or any changes in treatment plans along with financial arrangements for my child

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

Can    Cannot    authorize treatment or treatment changes

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

Can    Cannot    authorize treatment or treatment changes

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name