

**FINANCIAL POLICY**  
**Craig J. Hovick, D.D.S., LLC**

Our office understands that cost is an important consideration to patients as they evaluate treatment options. We offer several payment methods to make the cost of care manageable. We are happy to discuss these at any time, and we encourage you to ask questions at any time. This Financial Policy is provided to clearly state our mutual responsibilities as provider and patient.

Although **our office is not in-network to any of the insurance companies**, we do want to help you receive the reimbursement to which you are entitled. We will always make treatment recommendations based on what is best for your dental health, without regard to your insurance coverage or lack of coverage. Our moral obligation is to provide you with optimal care. We want you to understand that dental insurance isn't really insurance (a payment to cover the cost of a loss) but is instead a money benefit, typically provided by an employer, to help employees pay for routine dental services. Most benefit plans are only designed to cover a portion of the total cost of necessary dental treatment.

**Insurance:**

As a courtesy to our patients, we submit dental claims to your insurance for patients for whom we have a Social Security Number on file.

We will accept assignment of benefits to receive payment directly from your insurance company. **Any remaining balance after your insurance has paid is your responsibility.** Your prompt remittance is appreciated.

Some dental plans will not make payments to out-of-network providers. In this case, the insurance company will make payment directly to the subscriber.

We can make arrangements for a 3-month, no interest payment plan, but this must be accomplished prior to the actual procedure. Some treatment plans may require a down payment at the time services are rendered; this will be discussed with you in detail prior to your appointment.

**Self Pay:**

**We ask our patients for payment for services at the time of your visit. However, depending on the cost of certain treatment plans, some payment terms can be arranged for patients for whom we have a Social Security Number.**

Financial Options:

- Cash or Check  
*Treatments over \$1000 will receive a 10% savings if paid at time of service.*
- Visa, MasterCard, or Discover
- Care Credit Financing for treatment  
*Allows you to pay over time with no annual fees or prepayment. Ask us for details, or visit [www.carecredit.com](http://www.carecredit.com).*

No one likes surprises, so we strive to estimate all of our fees at the time of scheduling. We want you to understand your treatment and financial decisions in advance, so you will know exactly what treatment will be performed, what the total fee will be, and what payment arrangements have been agreed upon. If you have any questions regarding your account, please contact us at 303-678-5253.

Related Financial Information:

- A fee of \$62.00 is charged for patients who miss or cancel more than once without 24 hour notice.
- If your insurance has not paid within 90 days of services rendered, you will need to make full payment to this office. You will be reimbursed by this office when your insurance company pays.
- Any patient asking us to extend credit by filing insurance or making payments must provide a Social Security Number. Without it, patients must pay in full at the time of service.

**I have read and understand the above information. I understand I am responsible (regardless of insurance) for any charges incurred from services rendered.**

Signature: \_\_\_\_\_

Name (Please print): \_\_\_\_\_

Date: \_\_\_\_\_