

FINANCIAL POLICY
Annika Van der Werf, DDS, MS

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 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.

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. 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. The insurance company will make payment directly to the subscriber.

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
- 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

- 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.

Related Financial Information:

- A fee of \$62.00 is charged for patients who miss or cancel 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.

I have read and understand the above information. I understand I am responsible (regardless of insurance) for any charges incurred from services rendered. I have been advised that my account will be sent to collections within 30 days of inactivity. I have been advised that I will be responsible for a \$30 charge if my account is sent to collections. I am aware that if my check is returned for insufficient funds, I am responsible for the bank fee.

Signature: _____

Name (Please print): _____

Date: _____