

Financial Policy for Longmont Periodontics

Annika Van der Werf, DDS, MS

Our office understands that cost is an important consideration when evaluating treatment options. We offer a variety of payment methods to help make your care manageable. We want you to fully understand your treatment and financial responsibilities in advance, including what treatment will be performed, the total fee, and the agreed-upon payment arrangements.

We ask our patients for payment of services at the time of your visit.

Depending on the cost of certain treatment plans, payment options can be arranged for patients for whom we have a social security number on file.

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 Financial Options:

- Visa, Mastercard, Discover
- Cash or Check
- **Care Credit** Financing for treatment- Allows you to pay over a period of 6 months with 0% APR.
Visit: www.carecredit.com
- **Cherry** Financing for treatment- Allows you to pay overtime with 24 months 0% APR.
Visit: <https://withcherry.com/>

Related Financial Information:

- A fee of \$62.00 is charged for patient who miss or cancel their appointment without a 24-hour business day 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 understood the above information. I understand that I am responsible (regardless of insurances) 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 band fee of \$59.00

Name (please print): _____

Signature: _____

Date: _____