FINANCIAL AGREEMENT

We are honored that you have chosen us for your dental care. In order to keep a completely professional and up front business relationship with our patients, we ask that you read and sign our financial policy and our insurance policy.

ALL ACOUNTS ARE DUE AND PAYABLE AT THE TIME OF SERVICE. If a procedure requires more than one appointment, payment is required in full at the first appointment. For appointments scheduled for over 2 hours, you may be required to pay a deposit to hold this appointment.

Patients with dental insurance: Your insurance policy is a contract between you and the insurance company. The contract is not between Artistic Smiles and the insurance company. You are fully responsible for all charges resulting from services rendered, including the balance remaining after payment of any possible insurance benefits.

As a courtesy, Artistic Smiles will file all dental claims at no additional charge. We will also provide you with a cost estimate of your proposed dental treatment. This is not a guarantee of payment by your dental insurance.

Parents not accompanying their child/children: Must make PRIOR arrangements for payment. (cash, check or credit card authorization. You can contact the front office at 303.485.8888 to make these arrangements.

Parents accompanying their child/children: You are financially responsible for payment.

Delinquent Accounts: If your account becomes delinquent due to non-payment, you will be legally responsible for all cost involved with the collection of this account, including all court cost, reasonable attorney fees and all other related cost allowed under Colorado law.

Returned Check fee: There is a $45 returned check fee. Any future appointments will need to be paid for with a different form of payment.

Cancellation/Failed appointments: If you cancel your scheduled appointment in less than **48 hours**, there is an **$85 fee** that will be applied to your account that you are responsible for. This is not covered by insurance. If you fail to attend your scheduled appointment, there is an **$85 fee** that will be applied to your account that you are responsible for. Please keep in mind that instruments, chairs and personnel are reserved exclusively for your appointment, so please make every effort to attend these appointments.

Thank you!

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Print Name Signature Date