



Stonegate Dental
17021 Lincoln Avenue #B
Parker, CO 80134
T. (720) 851-7069
F. (720) 842-1024

FINANCIAL POLICY

We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship.

- **Payment is due at time of service**
- **We accept Cash, Checks, MasterCard, Visa, Discover**
- **Care Credit Financial payment plans are available (3, 6, & 12 Mo Interest free options, or extended terms with interest)**

ADULT PATIENTS AND MINORS ACCOMPANIED BY ADULT

Adult patients and adults accompanying a minor patient are responsible for payment at the time of service. Special financial arrangements can be made with the business office before treatment begins.

UNACCOMPANIED MINORS

Proposed treatment sometimes changes during the procedure due to the needs of the tooth. To assure quality care of the patient, it may be necessary to proceed without the consent of the parent or the guardian if they have left the facility. The parent or guardian is responsible for payment the day of treatment, and will be financially responsible for the necessary changes in minor's treatment.

INSURANCE IS A CONTRACT BETWEEN YOU, YOUR EMPLOYER, AND YOUR INSURANCE COMPANY.

As a courtesy to our patients we will file your insurance claims and accept payment from your insurance company. We will be glad to assist you as much as we can with your insurance and to help you to receive the most benefits possible. *We do request payment of any treatment or percentage of treatment estimated to not be covered by insurance at the time of service.*

We can submit to most insurance companies, as long as your plan allows you to come to the dentists in this practice. If you do not have your current insurance information or if insurance verification is not possible, full payment at time of service is requested. When insurance information is received and entered after your appointment, we will complete the claim forms so that the insurance company will promptly reimburse you.

We will submit claims for you and will accept 3rd party payment from insurance company. We will assist you in receiving the maximum insurance benefits available for your procedure. If your insurance company has not paid their portion within 45 days, the full balance will be your responsibility. You will have an additional 15 days to pay the balance.

RESCHEDULED OR MISSED APPOINTMENTS

We request the courtesy of 48 hours notice should you need to reschedule or cancel your appointment. Missed appointments without 48 hours notice are billed at \$50.00 per hour of appointed time. Please help us serve you better by keeping scheduled appointments.

LATE ACCOUNTS

Balances due for 60 days will be considered delinquent. We reserve the right to forward accounts which are delinquent to an independent service for collection.

Signature _____ Date _____