



3538 West 44th Ave. • Denver CO 80211 • p: 303.433.7500 • f: 303.433.7501 • w: www.orthointhehighlands.com

Patient Name: (First & Last) _____

Responsible Party Name (First & Last) _____

INSURANCE BENEFITS: The Billing Party for the patient above assigns all benefits, if any, to Orthodontics in the Highlands. Further, authorization is given for use of signature on insurance forms and for release of all information necessary to secure payment from your insurance carrier. The office will provide you with the total cost of treatment and an **estimated* amount your insurance will cover.

**If the insurance company does not pay the total estimated insurance portion, the unpaid amount is the responsibility of the Billing Party.*

We accept most insurance, including those with which we have a participating agreement and accept the fee set by that insurance. For those patients without insurance coverage, we offer a discount on our Usual & Customary Fees, depending on the type of payment (check/cash/credit card), for payment in full.

FINANCIALS : The fee quoted to you includes all procedures performed in this office during active treatment, and includes one set of retainers for one year following active treatment. Additional fees are incurred for lost or broken appliances resulting in extended treatment.

If our records begin to indicate problems, you will be alerted and the problem will be discussed. Extension of treatment time due to a lack of patient cooperation, parental supervision, or missed appointments will be charged \$100.00 per month. Services will be discontinued only due to lack of cooperation and/or failure to adhere to financial arrangement.

An account turned over for collection will result in the addition of 35% of the unpaid balance to cover collection costs.

Checks that are returned for Insufficient Funds will result in a \$35.00 fee that will be automatically added to the Billing Party's account.

Should treatment be terminated prior to completion due to relocation, the fee will be adjusted to reflect the amount of work done, based on the total fee. However, the banding fee (25% of the total fee) is nonrefundable.

MONTHLY PAYMENTS: Payments are due on the 1st day of each month. Payments not received before the 10th of the month will result in a \$25.00 late fee, payable before the next billing cycle.

SIGNATURE: _____
Billing Party

DATE: _____