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

OFFICE POLICY

Signature: I certify that I, ----, (or my dependent) have dental insurance coverage and assign directly to Orthodontics in the Highlands all benefits, if any , otherwise payable to me for services rendered. I herby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Unpaid Insurance Benefits: I understand that all dental services furnished, whether the patient has insurance or not, are charged directly to the patient and the he or she is personally responsible for payment of all dental services. If an insurance company has not paid a claim after sixty days (60) of it being submitted, the office will require that the patient pay the account. The office will help prepare the patient's insurance forms or assist in making collections from insurance companies and will credit any such collections to the patient's account. However, this office cannot render services on the assumption that our charges will be paid by the insurance company.

Missed or Broken Appointments:
Missed or cancelled appointments require 48 hour notice. Multiple missed appointments results not only in a delay in treatment but also increased treatment time. Increased treatment time past estimated months in treatment can result in a monthly fee of $100.00 a month if the reason for extended treatment is due to missed appointments or poor patient compliance.

Past Due Accounts:
A service charge of 1 ½ % per month (18% per annum) on the unpaid balance will be charged on all accounts exceeding 60 days, unless previously written financial arrangements have been made.

Accounts Sent To Collection and /or Attorney:
If an account is turned over to a collection agency and/or attorney for collection, the account holder will be responsible for all attorney and/or collection fees. Collection Agencies charge 50% of what they collect; therefore, any account sent to Collection Agency will be doubled to recoup collections cost. Any balance that is ninety (90) past due is subject being sent to collection.

Treatment Estimates:
The office routinely provides our patients with an estimate of cost for the proposed treatment. Since your insurance determines the benefit payable for services, the office cannot be held responsible for 100% accuracy on any estimate for treatment.

My signature below verifies that I have read, understood, and accepted the policies described above, and further grant you or your assignee permission to telephone me at home or at work to discuss matters related to this form.

Signature: **Date:**

Name: