

Financial Policy

As a courtesy to our patients, our financial department will call and verify your benefits through your insurance company. Before treatment is performed, we will discuss treatment and financial options. This will allow you to fully understand what to anticipate in fees and allow you time to make the necessary financial arrangements. The estimate provided to you is neither a prior-authorization nor guarantee of coverage or payment from your insurance company.

Your insurance policy is a contract between you and your insurance company. Insurance is not a guarantee of payment; it often does not cover all the costs involved in treatment. You are responsible for payment regardless of what your insurance pays; if there is a balance remaining after your insurance pays you will receive a statement from Colorado Regional Oral Surgery.

Payment is due at the time services are rendered. We accept all major credit cards, cash, check, or money orders. For your convenience you may apply for a payment plan through Care Credit or Lending Club, which must be arranged and approved prior to your procedure.

Please feel free to contact our wonderful staff at any time to discuss any questions or concerns you may have. Thank you for understanding our Financial Policy.

Please initial and sign below:

_____ Colorado Regional Oral Surgery will submit a claim up to two times per appointment, and follow up with claims not paid within 30 days. Further insurance appeals become the responsibility of the patient/guardian.

_____ Patients/guardians are responsible for insurance balances not paid within 60 days. It is Colorado Regional Oral Surgery's office policy that balances will not be carried longer than 90 days.

I acknowledge that I have read and accept the above conditions.

Signature of patient/guardian

Date

Patient's printed name: _____