



COLORADO
SMILE DESIGN

Philip E. Wimpee, DDS, PC

Financial and Scheduling Procedures for Our Patients

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Our practice wants our patients to be able to comfortably afford dental care. We proudly offer the following financial options so you can have the opportunity to decide which payments options best suits your needs.

PAYMENT OPTIONS:

1. **Payment is expected at the time of service, unless prior arrangements have been made.**
2. **If you have dental insurance benefits:** Our practice will gladly work with you to help get the maximum benefit available to you. Most dental insurance plans do not cover 100% of the cost of your treatment. Therefore, you will be asked to pay your deductible and your patient portion at the time of service. We will estimate your estimated portion as closely as possible, but cannot guarantee this estimated coverage.
3. **Our practice accepts cash, checks, Visa, MasterCard and Discover.**
4. For account balances over 90 days, a 1.5% monthly interest charge will be assessed. (18% annual fee.)
5. Any account that becomes delinquent will be subject to all collection, court and attorney costs.

USUAL & CUSTOMARY FEES:

Our practice is committed to provide the best treatment for our patients and we charge what is usual and customary for our area and the level of care we provide. You are responsible for payment of any insurance company's arbitrary determination of usual and customary fees. Your insurance policy is an agreement between you and your insurance company and the ultimate responsibility for all charges lies with you. If after 60 days the insurance company has not paid on the claim, you will be responsible for the total balance.

BROKEN APPOINTMENTS:

We reserve time for our patients so we may provide the highest level of personal care. Please keep in mind, we charge a \$75 Broken Appointment Fee for any appointment changes with less than 48 hours notice. Please help us serve you and all our patients better by keeping your reserved appointment time.

Patient's Signature _____ Date _____