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ESTHETIC FAMILY DENTISTRY, LLC
“Where outstanding smiles are created”

Office Hours

Monday 7am – 4pm, Tuesday 7am-7pm, Wednesday 7am-4pm, Thursday 7am-4pm, Friday 7am-4pm

Emergency Care

We provide twenty-four (24) hour emergency care for our patients. Calls received early in the day will usually permit us to arrange for emergency treatment that same day. Should problems arise after working hours or on weekends, our office number (719-528-5577) will have information to reach our on-call doctor.

Financial Policy

- Fees are payable in full at each appointment. We accept cash, Visa, MasterCard, Discover, and American Express. We also accept Care Credit.
- A service charge of \$30 will be assessed on all returned checks.
- Treatment requiring 2 hours or more will require a 1/3 down payment to reserve an appointment time.
- Individual financial arrangements can be made for patients requiring extensive treatment.
- Account balances over 90 days will be assessed a finance charge of 18% APR and may be forwarded to a collection agency.
- Credits on patient accounts that are a result of an overpayment will be refunded to the patient in the form of the original method of payment. Credits will be held on the patient account under the following conditions:
 - 1) If a patient connected to the account has an appointment for restorative treatment with Esthetic Family Dentistry within the next 6 months.
 - 2) If there are any claims outstanding on your account.
 - 3) If the credit is less than \$10
 - 4) If the patient specifically requests that the office hold a credit on their account for future treatment.

Initial here to accept financial policies _____

Patients with Dental Benefits

- We accept assignment of benefits. We will file your dental claims on your behalf. Please note that insurance is an agreement between the individual and their insurance company. The ultimate responsibility of payment for professional services remains that of the patient.
- We will provide an estimate based on the information provided to our office by you and/or your dental carrier. The patient's co-payment and/or deductible, as well as your estimated portion of the fees, are due at the time of treatment.

Appointment Agreement

We respect the importance of your time and work very hard to arrange appointments that accommodate the busy scheduling needs of all of our patients. Appointments are considered a reservation and we offer reminders by email, text, and phone calls. Broken or missed appointments create a problem for those patients who are in need of our service. Therefore, we require a 48-business hour notice prior to your appointment time if you must cancel or reschedule an appointment. If we are unable to reach you, we trust that you will keep your reserved appointment. Repeated, late cancellations may result in a \$50 charge per scheduled appointment hour.

I verify that I have read, understand and agree to the office policies set forth above.

Signature _____ Date _____