Financial Policy

If we accept your insurance plan we are happy to bill for your office visit and treatment. However, if you do not have insurance, payment for services are due at the time services are rendered. We accept cash, checks and Visa/Mastercard/Discover.

Returned checks and letters to requiring certified mail will be subject to a $25.00 service charge added your account.

Charges may also be made for telephone calls, medical reports, medical records, no shows for appointments and appointments cancelled without 24 hours advance notice.

Please be advised that for whatever reason your dental insurance company may deny your claim, you are responsible for all charges from the date of service rendered.

If you have any questions regarding your account or your insurance plan, please contact our billing office at 303-288-3718.

ACKNOWLEDGEMENT OF FINANCIAL/RECORD RESPONSIBILITY:

The information provided by me to **ROSS LECAVALIER DDS PC** is true to the best of my knowledge. I understand that I am responsible to pay for services rendered including reasonable attorney's fees and costs of collection in the event of default. I also hereby authorize **ROSS LECAVALIER DDS PC** to furnish or obtain any/all information to/from insurance carriers/Social Security Administration (Medicare), the referring doctor or PCP, physicians, other agencies to who we refer, or designated next of kin or caregiver concerning treatments. I authorize my insurance company to send payment directly to **ROSS LECAVALIER DDS PC.**

Caregiver/Next of Kin (list names of persons with whom we may discuss your account information with):

Signature_____ Date_____