



3116 Acacia Dr.
Cheyenne, WY 82001
P-(307) 634-3488
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FINANCIAL POLICY

Thank you for choosing our practice to provide your dental health care. We are committed to high quality care for our patients. Our goal is to help you reach the best oral health possible so you can enjoy the benefits of a comfortable, functional and attractive smile.

Dental Insurance

It's important to remember that your insurance coverage is a contract between you, your employer and your insurance company. Benefits and coverage vary significantly from plan to plan. Please keep in mind that your insurance is not designed to provide 100% benefit, but rather is meant to assist you with the cost of dental care.

As a courtesy to our patients, we are happy to submit your claims for services rendered. In order for us to do this, you must provide us with accurate and up-to-date insurance information. We will verify your coverage and plan before your appointment. With this, we will estimate the insurance portion and your co-payment. This may or may not be what the insurance company will actually pay. Your plan may base its dollar allowance on a usual and customary fee schedule which may not coincide with current fees in our area. We'll do our best to help you receive maximum benefits. We are a preferred provider with Delta Dental, BlueCross & Blue Shield and United Concordia. Patients are responsible for all balances incurred for services received.

We will wait 45 days for insurance claims to be paid. After 45 days, if payment has not been made, you will be asked to pay the balance and seek reimbursement from your insurance company.

Payment for Services

Payment is expected at the time of your services. If you have dental insurance, we will provide an estimate of your co-payment and collect your portion at the time of your appointment. We accept cash, checks, Visa, Master Card, Discover and American Express. We also offer Care Credit, an outside healthcare financing program that offers interest-free payment plans upon approval.

We offer a 5% courtesy for your payment in full at the time of service when using cash or check. This courtesy only applies to procedures not billed to insurance.

A finance charge of 1.5% will be assessed monthly to accounts after 60 days. Any unpaid balance over 90 days will be considered delinquent and may be turned over to a collection agency. Fees may apply. Returned check fee is \$30.00.

Cancellation

Your appointment is reserved exclusively for you; therefore, courtesy of advanced notice when you are unable to keep an appointment is appreciated and required. A \$50 charge will be applied to your account for appointments that are broken or cancelled without 24 hour notice.

I have read, understand, and agree to this financial policy and I have been given the opportunity to ask questions. I authorize the payment of insurance benefits to be made directly to Dr. Randall T. Davis.

Printed Name: _____

Signature: _____ **Date:** _____