

**FRANK HARMON, D.D.S.
CARTER DAVIS, D.D.S.
2290 Kipling Street
Lakewood, Colorado 80215
Phone: 303.233.2906 Fax: 303.233.2671**

Our Financial Policy

Thank you for choosing us as your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy which we require you read and sign prior to any treatment.

All patients must complete our Registration and Medical/Dental History forms before we begin treatment.

An important part of our mission to provide the best and most comprehensive dental care available is making the cost of optimal care as manageable for our patients as possible. As such, we offer a variety of payment options:

- Cash
- Personal Check
- Visa, Mastercard, American Express, Discover
- Care Credit (6-, or 12-month same as cash *upon approved credit)
- Care Credit Extended Financing (24-, 36-, 48-, or 60-months low interest *upon approved credit)

REGARDING DENTAL INSURANCE

We do our best to verify your dental benefits with your insurance carrier prior to treatment. Any portion of treatment that we estimate your insurance will not cover is due in full time of service. The remaining balance is your responsibility *regardless of insurance payment*. We cannot bill your insurance company on your behalf without all pertinent information. This information needs to be provided prior to treatment.

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Please be sure to read and know your own insurance policy. We are more than happy to assist you in billing your dental benefits provider, however **if your insurance company has not paid within 45 days, you will be responsible for the balance in full.** You will also be responsible for any treatment received but not covered by your insurance policy.

USUAL AND CUSTOMARY RATES

Our practice is committed to providing the best treatment for our patients, and we charge what is usual and customary for our area. You are responsible for payment of any difference between our fee and any insurance company's arbitrary determination of usual and customary rates.

PATIENTS WITHOUT INSURANCE

Patients without dental insurance are responsible for payment in full when treatment is received.

FINANCIAL ARRANGEMENTS

We are happy to work with Care Credit, a financing company that allows us to offer our patients financial arrangements without interest or finance charges for up to 12 months. Please ask us for more information.

I understand and agree to this financial policy.

SIGNATURE OF PATIENT (PARENT OR GUARDIAN)

DATE