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INSURANCE

If you have dental or medical insurance we will submit a claim, electronically or by mail and have them pay you directly. We can bill up to 2 insurances. Please note; Insurance is not a guarantee of payment. We will do our best to help you obtain the benefits which you are entitled. Most insurance plans will not pay for the entire cost of your care. We recommend that you call your insurance company and ask what your plan covers for your oral surgery treatment. Please provide us with the correct information on where to submit your claim.

DENTAL INSURANCE

Please give cards to Receptionist to copy

Name of Insured person:____

Insured person is ❑self ❑spouse ❑parent

If insured party is spouse or parent, please complete the following;

Date of Birth:_______________SS#:____

Employer for Insured Party______________________________Group #:

MEDICAL INSURANCE

Please give cards to Receptionist to copy

Name of Insured person:____

Insured person is ❑self ❑spouse ❑parent

If insured party is spouse or parent, please complete the following;

Date of Birth:_______________SS#:____

Employer for Insured Party______________________________Group #:

PAYMENT AGREEMENT

Payment in full is due at the time of service. We offer 5 different payment options.
Please initial a plan which will suit your needs.

DISCOUNTS

1. ___________5% Discount for full payment in cash at time of service. ***(Cash only, not checks)***

2. ___________3% Discount for full payment with Visa, MasterCard, Discover or a check at time of service. ***(Note: we process checks through TeleCheck which treats your check like a debit card)***

CREDITS/LOANS

3. ___________A. 50% payment with Visa, MasterCard, Discover or a check at time of service.
B. 50% payment at 30 days from date of service with 1.5% interest. Payment is guaranteed with a postdated check or withdrawn automatically from your Visa, MasterCard or Discover.

4. ___________A. 1/3rd payment with Visa, MasterCard, Discover or a check at time of service.
B. 1/3rd payment at 30 days from date of service with 1.5% interest. Payment is guaranteed with a postdated check or withdrawn automatically from your Visa, MasterCard or Discover.
C. 1/3rd payment at 60 days from date of service with 1.5% interest. Payment is guaranteed with a postdated check or withdrawn automatically from your Visa, MasterCard or Discover.

5. ___________CitiHealth Card Payment Plan - 0% financing plans available, please ask for brochure.

The undersigned accepts the fees charged as a lawful debt and promises to pay said fee, the cost of collection, attorney fees, and court costs if such be necessary, waiving now and forever the right to claim exemption under the constitution and laws of the state of Colorado and any other state. Full payment (or partial payment as agreed upon above) is due at time of service, regardless of insurance payment. A 1.5% per month finance charge will accrue for all outstanding balances.

Note: A fee may be charged if an appointment is cancelled within 48 hours of a scheduled appointment.

Signature Patient, Parent or Guardian: ____________________________________**Date:** ______________