

# **BOULDER VALLEY DENTAL CENTER'S FINANCIAL GUIDELINES**

Thank you for choosing Boulder Valley Dental Center for your dental needs. We understand that everyone's financial situation is different. For this reason, we have worked hard to provide you with a variety of payment options to help you receive the dental care you need and deserve, with respect to your budget. We are always available to address any questions or concerns you may have. Please choose one of the following options:

## **1. PAY AS YOU GO**

Our "Pay as you go" option allows you to be in control of your insurance benefits, by paying fully at each appointment for treatment and by being reimbursed directly by your insurance company. This will enable you to keep personal records of all insurance reimbursements, all dental transactions, to track maximum allowable benefits and be more aware of what your plan covers and what restrictions and limitations it does not cover. You will never have to worry about having outstanding account balances with us. We will make sure your insurance claims will still be filed, and that payment will go directly to you.

When insurance companies reimburse patients, payment usually takes about 7-10 business days, especially if your plan accepts electronic dental claims. If required, at each appointment we will send electronic claims for you.

### **A. 5% Courtesy Reduction for Prepayment with Cash or Check (Fees in excess of \$300)**

We offer a 5% courtesy reduction in your treatment fee for prepayment in full with cash or check at the time of scheduling to reserve time in the schedule with Dr. Hughes.

### **B. 3% Courtesy Reduction for Prepayment with Credit Card (Fees in excess of \$300)**

We offer a 3% courtesy reduction in your treatment fee for prepayment in full with a credit card. (MasterCard, Visa, Discover or American Express) at the time of scheduling to reserve time in the schedule with Dr. Hughes.

## **2. ASSIGNMENT OF BENEFITS**

Our "Assignment of benefits" options offers you the convenience of using your dental benefits as a form of direct payment by assigning payment from your dental insurance company directly to Boulder Valley Dental Center. Your deductible and estimated copayment will be collected at the time of service. Please be reminded that your dental insurance is an agreement between your insurance company and you. This means you are responsible for any service fees or balances that may not be covered by your dental benefits plan. Choosing Boulder Valley Dental Center to submit electronic claims on your behalf requires you to leave a valid credit card number on file (MasterCard, Visa, Discover, or American Express) as a precondition. Balances not covered by your dental insurance will be charged directly to your credit card on the day the insurance benefit check is posted to your account or within 30 days of your treatment if there is a delay in payment by the insurance company. If you decline leaving your credit card on file, you miss the courtesy of Boulder Valley Dental Center accepting direct payments from your insurance company on your behalf and you will be responsible for the payment in full at the time of scheduling each appointment. Please fill out and complete our credit card authorization form. It will be kept strictly confidential and will be used only under the agreed terms.

## **3. INTEREST FREE OR LOW INTEREST FINANCING**

Our "Interest free or Low interest Financing" option offers you an arrangement with one of our financial partners (Care Credit or Chase Health Advance). Upon approval, you can receive a 6-12 month interest free term loan or a 24-60 month low-interest term loan with low monthly payments, no down payment or collateral. Please inform us if you require an application.

**BROKEN APPOINTMENTS:** A specific frame of time is reserved especially for you with our hygienist or Dr. Hughes and we strongly encourage our guests to keep their appointments. If you have to change your appointment, we request at least 48 hours notice to avoid charging you with a \$100/hour cancellation fee.

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PRINT NAME

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SIGNATURE

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DATE