



1920 Vindicator Dr. Suite #211 Colorado Springs, CO 80919
Phone: 719-314-2088 Fax: 719-314-2089

Financial Policy

Thank you for choosing Peregrine Family Dentistry for your dental care. We are committed to providing you excellent dental health! Please understand that payment of your bill is considered to be a part of your treatment. The following is a statement of our financial policy, which we require you to read and sign prior to any dental treatment.

General Policy

Payment is expected in full for each appointment as services are rendered and must be made the same day as treatment. We accept cash, checks, Visa, MasterCard or Discover. We also offer 3rd party financing through the Citi Health Card program.

Outstanding balances over 30 days are subject to 3% interest charge per month. Over 60 days, there will be a 5% interest rate charge.

Dental insurance

As a courtesy to you, it is our pleasure to assist you in maximizing your insurance benefits by filing your claims with your insurance company. Keep in mind, your insurance policy is a contract between you and your insurance company. The type of plan chosen by you and your employer determines your insurance benefits. As such, we have no say in the selection of your insurance company, no control over the terms of your contract, the methods of reimbursement or the determination of your insurance benefits.

We will accept assignment of benefits from your insurance company; however, you are responsible for the full balance including any amount that is not covered by your insurance company.

With the exception of some preventive services, such as cleanings and x-rays, your insurance company typically will not fully cover the cost of treatment. **You are responsible for the portion they do not cover, payable on the day you receive treatment. Any outstanding balance after payment is received from your insurance company will be billed to you accordingly.** Typical reimbursement by insurance companies range from 40%-80%.

Many insurance companies will **not reimburse for white tooth-colored fillings.** Instead, they reimburse for the less expensive silver/mercury fillings. If you have one of these plans, you are responsible for the difference in cost of these fillings.

Most dental plans have a deductible that you must pay each year, typically \$25-\$100.

Since we administer hundreds of employer benefit plans, we cannot know the exact details of every plan. We do our best to verify your insurance benefits, but ultimately it is your responsibility to know the details of your coverage.

Missed/Broken Appointments

Due to the limited space in our schedule and the need to provide timely service to all of our patients, it is very important that you keep your scheduled appointments. It is understandable that occasionally you may need to reschedule due to emergency or illness. We ask only that you give us the courtesy of a 24 hour notice so that we will have the opportunity to use your appointed time to provide treatment for others in need.

If you cancel your appointment without 24 hour notice or if you "No Show" for your appointment, then you will be required to pay a \$75 non-refundable treatment fee prior to scheduling another appointment.

I have read, understand, and agree to this Financial Policy. I authorize Peregrine Family Dentistry to release any information including the diagnosis and records of any treatment or examination rendered to third party payers. I authorize and request my insurance company to pay directly to Peregrine Family Dentistry insurance benefits otherwise payable to me. I authorize and request Peregrine Family Dentistry to use my signature on file for my signature on all dental insurance forms to expedite computer processing of my claims.

Signature of Patient or Guardian

Date

Print Name of Patient