



# CASTLE ROCK DENTAL HEALTH

2 OAKWOOD PARK, SUITE 206, CASTLE ROCK, CO 80104  
P. 303.663.9600 F. 303.663.9627

## FINANCIAL POLICY

I understand that Castle Rock Dental Health does not guarantee payment of my insurance benefits *and it is my responsibility to know and understand what my benefits are.*

I understand that insurance claims will be submitted on my behalf and *I am responsible for any portion of my bill or my dependent's bill not covered by insurance.* I agree to pay the estimated portion not covered by insurance at the time of treatment. I also understand that any information about what my insurance will pay on any procedure is only an estimate based on the generic information my insurance company has provided regarding my plan, and the information I have provided your office about my insurance company. *I understand that even though I paid an estimated portion for my treatment that the amount paid by my insurance company may be less than what was estimated, and that I am responsible for the remaining balance.* In the event my insurance company fails to pay within a reasonable time or denies payment, I understand the full account balance remaining for treatment rendered to be entirely my responsibility.

I also understand that in the event my insurance pays less than expected, I am to pay the remaining balance within 30 days of receiving my statement. I understand that should I fail to pay my account balance in full that I agree to pay 18% APR until my account is paid in full. I understand that if my account becomes 90 days past due that I agree to pay 18% APR and reasonable fees associated with the collection of my account including any legal and attorney's fees incurred during the collection process.

**Please note that we require a 48 hour notice if you are unable to keep an appointment. This consideration on your part is for you and others that need appointments. Appointments that are broken without appropriate notice may be subject to a \$25 missed appointment fee.**

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Signature of patient (or parent if minor)

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Date