



## Financial Arrangements

We offer the following methods of payment for services provided.

1. **Cash, Check, Debit Card, Mastercard, Visa, Discover & American Express Accepted**  
Payment in full is due when services are performed.
2. **A 500 dollar deposit is due prior to the appointment to secure your appointment**  
This amount is non-refundable with less than 48 hours notice.

### Adults:

**750 first hour, 150 dollars for each additional 15 minutes**

Payment in full is due for estimated time prior to the appointment (day of). Any differences will be either refunded or settled on day of service.

### Children presenting for oral rehabilitation/pediatric dentistry:

**1100 dollars for first two hours, 150 dollars for each additional 15 minutes**

Payment in full is due for estimated time prior to appointment (day of). Any differences will be either refunded or settled on day of service.

### Children presenting for other procedures:

**750 first hour, 150 dollars for each additional 15 minutes**

Payment in full is due for estimated time prior to the appointment (day of). Any differences will be either refunded or settled on day of service.

## Dental/Medical Insurance

**We do not accept any private insurance.** As a courtesy to you, upon request we will provide you the dental/medical codes for the anesthesia services provided. You can then submit this to your insurance company directly for reimbursement. We have found the percentage of reimbursement varies widely among different insurance carriers and suggest you contact your insurance company in advance for more information. Furthermore, no guarantee is made that any of the anesthesia cost will be reimbursed.

### **For our patients with Colorado Medicaid**

If your Medicaid insurance is not active or if Medicaid does not consider reimburse for the services provided, you will be financially responsible out of pocket.

## Treatment Fee Estimates

Anesthesia fees given are based on the treatment time anticipated by your dentist/surgeon. This time is only an estimate and can vary. You will be responsible for any increase in anesthesia time needed to complete your procedure and refunded if the actual anesthesia time is shorter than estimated.

I understand and agree to the following Financial Policies as listed above:

\_\_\_\_\_  
Signature of patient/responsible party

\_\_\_\_\_  
Date