



LORI TREMBATH, D.D.S. P.C.
FAMILY DENTISTRY

Written Financial Policy

About our Financial Arrangements

To assure a mutual understanding of our fee structure and payment requirements, we ask each patient to read and sign this brief explanation before beginning treatment.

- Payment for services is due at the time treatment is rendered unless payment arrangements have been approved in advance in writing by a team member.
- Any financial arrangements you make must be done in writing with a signature from both you and a team member at Dr. Trembath's office. No verbal agreements will be accepted.
- We accept cash, check, Visa, Mastercard, Discover or American Express cards, as well as interest free payment plans up to 12 months with no interest through Care Credit and Lending Club.
- Payment plans must be established with our front administrators prior to treatment.
- If you do receive a bill we expect payment within 30 days or your account is considered past due. Payments past 90 days due are considered delinquent and are subject to being sent to collections.
- There is a \$25 fee for processing a returned check. We reserve the right to reject check payments once a returned check occurs.

For Our Patients with Dental Insurance

- If you have dental insurance, we will gladly bill it for you as long as you provide us with the proper information at the time of your visit. We do expect payment of your deductible and any other patient portion not covered by your policy while treatment is in progress.
- Please understand that your insurance is a contract between you, your employer, and the insurance company. We are not a part of that contract and cannot be responsible for lapse of coverage or policy restrictions. We cannot be responsible for non-payment by your insurance company for any reason, although we do our best to help you resolve non-payment issues with your insurance company.

12774 COLORADO BLVD. #171 • THORNTON, CO • 80241

PHONE: 303-457-3046 • FAX: 303-457-9982

- If your treatment involves lab work (implants, bridges, Invisalign, dentures etc.) we expect partial payment to be made as treatment begins. This is due to the fact that we have a cash relationship with our lab.
- We must emphasize that as a dental care provider, our relationship is with you, the patient, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are ultimately your responsibility from the date of service rendered. Should any problems arise with a claim, we encourage you to contact us promptly for assistance in the management of your account.
- If you have any questions about the above information or any uncertainty regarding your insurance coverage, please do not hesitate to ask us. We are here to help you.

By signing this page you agree to all of the terms above and are stating that you have signed with full understanding.

Patient, Parent, or Guardian Signature

Date

Patient Name (Please Print)