Peter A. McIntyre, D.D.S., P.C.
595 Chapel Hills Drive, Suite 105
Colorado Springs, CO 80920
(719) 475-2511

Financial Policy

We are pleased to have you in our dental practice. Our desire is to provide you with the highest quality care and supply you with the information you need to make the financial decisions regarding your treatment.

It is our policy to make specific financial arrangements with you before any treatment begins. Below is an explanation of the various circumstances that will be involved in making these arrangements.

- **Payment for services is due at the time that services are rendered, including estimated co-payments, should you have dental insurance.** Please make sure you check with the receptionist before leaving. We accept cash, checks, Master Card, VISA, Discover, and American Express.
- We will gladly bill your insurance company for you. **We will estimate your portion, and collect that at each visit. We will not wait on payment from insurance before requesting your portion.**
- Your insurance benefits are a contract between you and your employer. The amount of coverage you will receive depends on the quality of the plan purchased by your employer. These benefits vary greatly, with different rules and regulations for each company. We will do our best to estimate your coverage and portion due, but it is your responsibility to be aware of your policy and its limitations.
- **Payment arrangements may be available, upon prior approval only**. A Truth in Lending Statement must be signed, disclosing the agreement in detail. Dr. McIntyre does not handle the financial arrangements. Please discuss this with the receptionist, who may confer with the Practice Manager as needed.
- There will be a $30.00 fee for all returned checks.
- You shall advise us of changes to your address, telephone number, or any changes in your insurance information. Billing to an incorrect insurance company adds weeks to the processing of your claim. Claims open past 90 days must be paid by the patient, with late insurance payments being forwarded to you.
- **There is a $45 charge assessed for each hour of an appointment cancelled with less than two open-for-business days notice.** Thursday cancellations for Monday appointments are considered late cancellations as well, as we are not open on Fridays.

Patient Signature:_____Date:_____

I certify that I am covered by _____ Insurance Co. and I assign directly to Dr. Peter A. McIntyre all insurance benefits otherwise payable to me. I understand that I am responsible for payment of ser4vices rendered and also responsible for paying any co-payment and deductible that my insurance does not cover. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions, whether manual or electronic.

Patient Signature:_____Date:_____