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DURANGO DENTAL FINANCIAL POLICY

Durango Dental would like to welcome you to our practice! We believe in creating vibrant healthy smiles, using the most advanced dentistry to exceed your expectations. Beginning with the overall health of your mouth, we can provide you with the smile that you have always dreamed of having. **This is why we always present you with the best dental solution possible to treat your personal oral health needs.** Here are some important things about our financial policies that you should know.

Payments: Durango Dental does require payment in full for your portion at the time of service. We do require that any appointment that is scheduled for a 2 hour or longer time slot have a deposit made of \$55.00 per hour to hold that reserved time. This deposit will be credited towards your treatment. We accept all major credit cards, cash and checks (checks are accepted only from existing patients with an established payment history). We also work with Care Credit and offer an 18 month 0% interest payment plan with approved credit. No offers will be permitted with the 0% interest plan.

Broken Appointments: A specific amount of time has been reserved especially for you when you schedule an appointment. To cancel or change your appointment, **we require a notice of 2 BUSINESS DAYS.** This means if you have made a deposit to reserve a time slot and have cancelled within the 48 hour window, your deposit will be forfeited. All other appointments where no deposit was required will receive a \$55 cancellation or missed appointment fee.

Insurance: Your insurance coverage is based upon a contract made between your employer and insurance company. If you have any questions that we are not able to assist you with, please contact your employer or dental insurance company directly. Dental benefit plans are only made to **assist** you with your dental needs, not pay for it completely.

We currently accept **all private care insurance plans** (plans that do not require you to select a dentist from a restrictive list) and we are in-network with a small number of insurance companies that require us to reduce our **normal and customary fee** to a contractual fee schedule. This means we work with hundreds of insurance companies and although we keep a history of payments, they change. **This makes it impossible** to give you a guaranteed quote at the time of service. We estimate your portion based on the most up-to-date information **but it is only an estimate.**

We bill your insurance company as a courtesy. If insurance does not pay within 60 days Durango Dental reserves the right to request in full for services from you and let you collect the insurance funds that are due to you. Ultimately, **you are responsible for all charges incurred in our office.**

We welcome you to our family and look forward to helping you get the healthy, beautiful smile you've always wanted. If there is anything we can do to make your visits here more pleasant, please don't hesitate to ask one of our staff members.

Name of Patient _____

Signature of Patient _____ Date ____/____/____