

Murray Family Dentistry, PC

400 S. McCaslin Blvd., #207

Louisville, CO 80027

Phone (303) 666-4900

Fax (303) 666-4902

Our Financial Guidelines

Thank you for choosing us as your healthcare provider. We are committed to your treatment being successful, and as such, payment is considered part of your treatment.

Patient's portion is due at time of service

- **We accept cash, check, Visa, MasterCard, Discover cards**
- **We offer CareCredit Healthcare Finance if approved**

As a courtesy to our clients we will file your insurance claims for you. Please keep in mind that your insurance is a contract between you and your insurance company and does NOT guarantee payment. We will prepare and mail your insurance claims, but ultimately the responsibility is the insured's. **We cannot bill your insurance company unless you provide us with your insurance information. If the insurance company does not pay the claim within 60 days the account will be due and payable within 10 days of billing.** It will then be the insured's responsibility to pursue reimbursement from their insurance company. If need be we will provide the necessary documents to the client.

Regarding Insurance: Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's *arbitrary* determination of usual and customary rates.

Our Appointment Guidelines

We offer convenient office hours to serve our clients and we reserve appointment times exclusively for each client. We will work with you to schedule appointments that maximize your care in the shortest number of appointments.

When we reserve an appointment for a client, that client is the only one scheduled at that time. The focus of the doctor and/or the hygienist is only on that client's care and the time allowed is very important. Each appointment in a client's treatment schedule moves them closer to completing their needed dentistry.

If you should find it necessary to change your appointment, please do so within two business days to avoid a missed appointment fee.

I have read the above guidelines. I understand and agree to these guidelines.

Signature

Date

01/2011