Alice L. Vessel, D.M.D.

Citadel Terrace Building
685 Citadel Drive East, S-313
Colorado Springs, CO 80909
719-574-2424

FINANCIAL POLICY

FEE STRUCTURE: Our fees are based on our specialty and geographic area.

PAYMENT: Payment is due at the time services are rendered unless prior financial arrangements have been made.

UCR (Usual, Customary, and Reasonable): Some insurance companies pay according to their own UCR's. If this could be a problem for you, please check with your insurance company before any diagnostic or specialized work is done as you are still expected to pay the difference between our charges and your insurance company's UCR amount.

INSURANCE FILING: We will file claims for our patients. It is the patient's responsibility to know and understand their insurance benefits. It is the patient's responsibility to provide us with the correct insurance information including a dental card and dental handbook. This is done as courtesy and it is up to you to follow up with your insurance company, if any claim is denied or the amount billed is not paid for any other reason the guarantor/patient is responsible for unpaid balance. If your insurance coverage changes, please let us know prior to any appointments. We do not guarantee insurance benefits.

ACCOUNTS RECEIVABLE: You will receive a monthly statement. Only the first one will be itemized. If you are not able to clear this balance in 30 days (from the date of services), an arrangement will need to be made with our business manager to pay. Those patients whose insurance carriers take an inordinate amount of time to settle a claim will be required to make monthly payments until the insurance pays. Accounts not paid or maintained on a current basis after 90 days will be subject to collection action. We have 3rd party financing available to our patients.

COLLECTION ACCOUNTS: Any account past due 60 days will be subject to a finance charge of 18% annum added to the bill. Patient agrees to pay all costs and reasonable attorney's fees necessary to the collection of this debt.

APPOINTMENT POLICY: A 48-hour notice of cancellation is required for all appointments. Due to the number of last minute cancellations and no show for appointments a fee of $50.00 will be applied to each appointment time missed. It is the patients' responsibility for his or her appointment and a reminder call and postcard is given to you as a courtesy.

ASSIGNMENT OF BENEFITS

I hereby authorize payment directly to Alice L. Vessel, D.M.D., LLC. I agree to be personally and fully responsible for payment.

Date______________________________ **Signature**_______________________________________

This instruction to you is an assignment of my rights under my dental/medical coverage and therefore acts as a "signature on file" for all billing and insurance purposes.

I state and agree that a Photostatic copy of this document shall be considered as effective and valid as the original for all parts of this contract.

Date______________________________ **Signature**_______________________________________