

Gordon N. Gates, D.D.S., M.S.D., P.C.
Prosthodontics

350 Broadway, Suite 201
Boulder, Colorado 80305

■ OFFICE FINANCIAL PROCEDURES AND AGREEMENT ■

Our goal is for you to achieve and maintain good oral health. Therefore, we treat you, the patient, and not your insurance company. Although there appears to be differences in philosophy between dentist and insurance companies, we provide treatment that is in the best interest of your oral health. My fees are not based on what individual insurance companies deem "reasonable and customary". We will use dental codes that correspond to the services rendered and will not alter them to satisfy the insurance company for dental services rendered.

PLEASE HELP US HELP YOU. It is your responsibility to be familiar with your insurance policy. You will want to be familiar with your benefit maximum, deductible and benefits. Please remember that most policies **DO NOT** cover the entire amount of the services completed. **PLEASE NOTE: WHETHER YOU HAVE INSURANCE OR NOT, PAYMENT MUST BE MADE AT THE TIME OF SERVICE.** All delinquent balances will automatically be sent to collections 60 days from completion of service.

MAJOR DENTAL SERVICES: Please note that **FULL PAYMENT** is required for all major dental services at the completion date of the services rendered. Because of ongoing lab cost, we require that ½ of the total balance is due at the onset of service. It is rare, but we do make financial arrangements if necessary to help space out some of the payments. You will still be responsible for paying the balance at the seat date.

FINANCIAL SCHEDULING PROCEDURE: Appointment times are reserved exclusively for you. Cancellations with less than 24 hours notice may be charged **\$45.00** to your account.

I understand that my insurance policy is a contract between myself and the insurance company. Dr. Gates and his office are not a party to that contract. I understand that I am financially responsible for all charges that have been incurred for dental services rendered on my behalf.

I have read all the information contained in this financial contract and agree to the conditions as outlined in regard to payment of fees for services rendered by Gordon N. Gates, D.D.S., M.S.D., P.C. and staff.

Customer hereby acknowledges and agrees that any account that becomes delinquent will be subject to collections service. Customer agrees to pay all court costs and reasonable attorney fees for collection of all past due amounts owed, plus interest thereon at 18% (eighteen percent) per annum on all such amounts outstanding.
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Signature of responsible party

Date