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**Office Hours**

Monday 7am - 4pm, Tuesday 7am - 7pm, Wednesday 7am - 4pm, Thursday 7am - 4pm, Friday 7am - 4pm

**Emergency Care**

We provide twenty-four (24) hour emergency care for our patients. Calls received early in the day will usually permit us to arrange for emergency treatment that same day. Should problems arise after working hours or on weekends, our office number at 719-528-5577 will have information to reach our on-call doctor.

**Financial Policies**

* Your estimated out of pocket is due at the time of service. We accept Cash, Checks, Visa, Mastercard, Discover, American Express, and Care Credit.
* A service charge of $30 will be assessed on all returned checks.
* Treatment requiring 2 hours of more will require a 1/3 down payment to reserve an appointment time.
* Account balances over 90 days will be assessed a finance charge of 18% APR and may be forwarded to a collection agency.
* Credits on patient accounts that are a result of an overpayment will be refund to the patient in the form of the original method of payment. Credits will be held on the patient account under the following conditions:
1. If a patient connected to the account has an appointment for restorative treatment within the next 6 months.
2. If there are any claims outstanding on your account.
3. If the credit is less than $10.
4. If the patient requests that the office hold a credit on their account for future treatment.

**Initial here to accept financial policies \_\_\_\_**

**Patients with Dental Benefits**

We accept assignment of insurance benefits. Please familiarize yourself with your insurance plan. Pay close attention to your benefit maximums, deductibles, and covered percentages. We will give you our best *estimate* for what your portion will be. Our staff will prepare the necessary forms for your dental benefits; however, we remind you that your specific dental plan is an agreement between you or your employer and your insurance company.

 **Initial here that you Understand Your Dental Benefits \_\_\_\_**

**Appointment Agreement**

We respect the importance of your time and work very hard to arrange appointments that accommodate the busy scheduling needs of all our patients. Appointments are considered a reservation and we offer reminders by email, text, and phone calls. Broken or missed appointments create a problem for those patients who may need of our services. Therefore, we require a 48-business hour notice prior to your appointment time if you must cancel or reschedule an appointment. If we are unable to reach you, we trust that you will keep your reserved appointment. Repeated, late cancellations may result in a $50. charge per scheduled appointment hour.

**I verify that I have ready, understand, and agree to the office policies set forth above.**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Esthetic Family Dentistry, PLLC**

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