GATEWAY DENTAL

HUY T. NGUYEN, D.D.S.

1076 South Sable Boulevard
Aurora, Colorado 80012
Telephone: (303) 369-5517

Our Financial Policy

Thank you for choosing us for your dental needs. We are committed to providing you excellent care, and payment of your bill is part of successful treatment. Our Financial Policy is based on an open and honest discussion of our fees. Please read, sign and return the following.

PAYMENT IN FULL IS DUE AT TIME OF SERVICE. We offer several options of payment for the treatment that we provide:

1. We accept Cash, Visa, Mastercard and Discover.
2. We no longer accept personal checks.
3. We offer a payment plan in accordance with the office credit guidelines. All patients who make payments will be required to sign a contract to formalize the financial arrangement.

Financial arrangements must be made prior to treatment.

Usual and Customary Rates

We are committed to providing excellent dental treatment to all our patients. Our fees reflect our committment to the quality our patients deserve and are considered usual and customary for the area regardless of any insurance company's determination.

Insurance

As a service to our patients, we will bill your insurance company if you bring in completed original insurance forms and all insurance information. Your insurance policy is a contract between you and your insurance company. As a dental provider, we are not party to that agreement. In the event that we accept assignment of your insurance benefits. we require that pre-approved arrangements be made on the entire amount. Insurance policies vary and services provided may not be covered. Our office is committed to helping our patients maximize their benefits. We are always available to answer your questions.

Minors

Payment for services of the treatment of minors can be made by cash or credit card and is the responsibility of the adult accompanying that minor.

Missed Appointment

Be advised that the policy of this office is to **charge for missed appointments** unless they are cancelled 24 hours in advance. Once an appointment has been made, please remember this time has been reserved specifically for you. This better enables us to serve your needs.

Service Charges

The policy of this office is to charge interest of 15% per month (18% ANNUAL PERCENT AGE RATE) which will be applied to all accounts over 60 days past due.

Collection fees

Fees incurred to collect payment will be billed to, and payable by the patient.

Financial consent

The patient (guardian) agrees to be fully responsible for total payment of treatment performed in this office.

I understand and agree to this Financial Policy and Agreement.

Signature of patient/responsible party_____ **Date**_____