

Robert C. Elliott, D.D.S., P.C.

Our Financial Policy

We are dedicated to the pursuit of excellence in Dentistry. We strive to provide you with the best possible care and to make your experience in our office a very positive one. Your clear understanding of our financial policy is important and we are please to discuss our professional fees with you at any time. Please feel free to ask any questions about our fees, Financial Policy, or your responsibility.

- All patients must complete health and dental history information, as well as our Insurance and billing information prior to seeing the doctor.
- Payment is due at the time of service.
- We accept cash, checks, all major credit cards, and CareCredit.

Insurance

If you have insurance, we will help you receive maximum benefits. However, insurance is a contract between you and your insurance company. **We are not a party to this contract.** We file insurance claims as a courtesy to our patients. We will not become involved in disputes between you and your insurance. We will, however, supply information to assist you in receiving the maximum benefit.

You are responsible for your **estimated** co-payment (what insurance does not cover) at the time of your service.

If your insurance company has not paid within 60 days, you become responsible for the full balance, to be paid within 15 days. If your insurance company pays more than the balance due, we will send a refund check to you.

Missed Appointments

We consider our patients as good friends and try to base our appointment policy as such. We believe that a dentist/patient relationship works best when based on mutual respect. You have our solemn word that we will respect your time and please, we ask that you be considerate of our time. Please help us take care of your dental needs by keeping scheduled appointments. We do reserve the right to assess a charge for repeated missed appointments.

Please let us know if you have any questions or concerns.

Patient Signature (or parent if patient is under 18) Date

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