



DR. KARLYN TAYLOR, DDS
303-388-2400

OFFICE AND FINANCIAL SERVICE AGREEMENT

In our office, we want you to feel comfortable, and that includes feeling satisfied with your financial arrangement regarding your dental care. For your ease and convenience we offer;

1. Payment in full at the time of service. We accept cash, check, debit card, Visa, MasterCard, Discover, and American Express.
2. Care Credit
 - a. No interest payment plans for 6-12 months (pending approval).
 - b. Budget payment plans with monthly interest for 18 or 24 months (pending approval).
3. For treatment that spans more than one appointment, payments may be divided into two equal payments. One half to be paid on the day treatment begins. The remaining half to be paid on the day treatment is complete.

Dental Insurance:

As a courtesy to our patients with dental insurance, we will file your insurance claim, allowing you only to pay your **estimated** co-pay and deductible at the time services are rendered. Please remember that the contract is between you and the insurance company, not between Central Park Dental and the insurance company. Therefore, your total balance in our office is always your responsibility, including any difference between the estimated coverage and actual covered amount.

Please remember that insurance is considered a method of assisting in the cost of care and is not a guarantee of payment. Some companies pay fixed allowances for certain procedures and others pay a percentage of the charge. The amount of coverage you receive will depend solely on the type of plan purchased by your employer, not the fees of our practice.

Although an effort is made to determine your benefits, you are ultimately responsible for knowing the specific benefits of your plan, including the frequency and limitations and/or waiting periods of your particular plan. If you have any questions regarding the specifics of your plan, we ask that you contact your insurance company or human resource department.

Regardless of the status of an insurance claim, full payment is due to our office within sixty (60) days from the date of service.

Broken Appointment Fee

We ask that consideration be taken to keep scheduled appointments. If a change in appointment becomes necessary, please allow a minimum of 48 hours' notice to allow the practice to offer that appointment to another patient in need. We reserve the right to charge a broken appointment fee of **\$45** per hour for short notice cancellations.

I understand that I will be responsible for any and all legal and collection agency fees, interest charges and any other expenses incurred in collecting my account. I have read, understand and agree to the terms of the above financial policies.

Patient: _____ Date: _____