



Dr. James L. Busch, D.D.S. and Dr. Lauren S. Busch, D.D.S. M.S.

Financial Guidelines

Patients with Insurance: As a courtesy to our patients, we will file your primary and secondary insurance plans for you. Insurance coverage is verified when you first visit our office. However, accurate insurance information with member ID's must be made available in order for us to submit your dental claims. Insurance benefit coverage often changes during open enrollment each year. If the insured changes employer, insurance companies, or insurance benefits, it is the insured's responsibility to notify Briargate Pediatric Dentistry | Orthodontics of these updates. Co-payments, deductibles, and payment for non-covered services are due at the time services are rendered. The remaining balance should be taken care promptly after receipt of payment from the insurance company. If you or your insurance carrier makes payment exceeding your balance, you will be refunded.

Patients without Insurance: Payment for your child's care is due in full at the time of service. Payment arrangements need to be made with our Financial Coordinator prior to each service. For your convenience, we accept Visa, MasterCard, Discover, cash, and checks. A 5% discount will be applied for totals over \$300.00 to dental services paid in full in cash on the date of service. This discount does not apply to checks or credit card payments.

Rebilling Fees: If the entire balance is not paid upon receipt of the monthly billing statement, a rebilling fee of \$3.00 will be then added to the account for each monthly billing period. If your account becomes delinquent, it may be forwarded to an outside collection agency without notice. If this happens, you will be responsible for all costs of collection, including but not limited to interest, rebilling fees, court costs, attorney fees, and collection agency costs. I understand that I am totally responsible for payment of all fees and services rendered, irrespective of insurance coverage or other responsibilities.

Missed or Broken Appointment Fees: We reserve the right to assign fees for missed or broken appointments that do not follow the office guidelines one business day (24-hours) prior notice or if a patient does not show for their reserved appointment time. A retainer fee will be required to reserve an appointment after the second broken appointment. The retainer fee will be applied toward your visit at our office once services are performed. I understand that there may be a broken appointment fee assessed for cancellations given with less than 24-hours notice or "No Show" appointments.

Assignment of Benefits: I assign the benefits from my insurance carriers to Briargate Pediatric Dentistry | Orthodontics for dental benefits that my child is entitled to.

Release of Information: I authorize Briargate Pediatric Dentistry | Orthodontics to release any information needed to my insurance carrier(s) to determine benefits or benefits payable for related services rendered.

Orthodontic Fees: There will be a \$25.00 fee for each orthodontic Records and Consultation appointment. If orthodontic treatment is carried out, these charges will be applied to the cost of the treatment.

Parent and/or Guardian Signature: _____ Date: / / _____

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