



FINANCIAL AGREEMENT

We are pleased to welcome you to our practice. We desire to provide you with the highest quality dental care in a caring and enjoyable atmosphere. To provide optimal treatment to your child, we strive to establish financial arrangements with you before any treatment begins. Below is an explanation of our payment procedures. If you have any questions, please do not hesitate to ask.

1. Payment for services is due at the time services are rendered. The parent or guardian who brings the child to the appointment is responsible for paying estimated patient portions. We accept cash and credit cards.
2. For new patient emergency visits, we require payment in full at the time of the appointment.
3. As a courtesy, we will gladly file insurance claims for you. Sunrise Pediatric Dentistry has a timely filing period of 12 months to file claims on your behalf.
4. Our office will file your insurance claim a maximum of two times per appointment.
5. If the claim is not paid by your insurance carrier within sixty days, you will be responsible for the full balance and further insurance appeal becomes your responsibility. We will be happy to provide you with a claim form so that you can follow up on your insurance claims personally.
6. You must provide the office with a dental insurance card with the proper mailing address and phone number of the insurance company. If one of these documents is not available at the time of the appointment, you will be responsible for the payment of all fees and we will provide you with a claim form for you to submit for reimbursement.
7. If insurance benefits are assigned to the doctor, you will be responsible for paying your deductible and estimated portions at the time of service. You are responsible for paying all charges not covered by your insurance company. If we are considered an unrestricted provider with your insurance, you are responsible

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for all fees considered above your insurance company's usual and customary fee schedule. Your insurance benefits are a contract between you and your employer. The amount of coverage you will receive will depend on the quality of the plan purchased by your employer, not the fees of the doctor.

8. The office cannot carry balances longer than 90 days; regardless if the insurance payment is still pending. A \$5.00 monthly re-billing charge will be added to your account if it is not paid within 60 days, regardless of the balance amount.

9. After 90 days, we will inform you of the delinquent account by letter and if no action is taken to clear the account, this office will be required to employ a collection service to collect payment. The responsible party agrees to pay all reasonable, related collection fees.

10. Should there be a divorce, custody, or separation arrangement, the parent or guardian who signs this Financial Agreement is ultimately responsible for any balances owed to our practice.

HIPAA ACKNOWLEDGMENT

I acknowledge that I have received a copy of this Dental Practice's HIPAA Notice of Privacy Practices.

PARENT/GUARDIAN POLICY

I acknowledge that the policy of Sunrise Pediatric Dentistry is for a legally responsible parent or guardian to be present for all dental appointments. If someone other than the parent or legal guardian accompanies your child to their visit we reserve the right to reschedule the appointment. If advance notice is given (at least 48 hours) and we can obtain the necessary paperwork prior to the scheduled visit, we may accommodate your needs on a case by case basis. Certain types of treatment visits (including sedation) always require a parent or legal guardian to be present for the entirety of the visit. Please see additional information on our policies in the additional forms section.

APPOINTMENT AGREEMENT

We reserve time in our schedule especially for your child. In consideration of others, we kindly request at least 2 business days' notice prior to cancelling or rescheduling any appointments.

We understand that there are circumstances that may prevent you from keeping your child's appointment; however, by providing us with as much notice as possible, we may be able to contact another family who would like that appointment time. Cancelling with less than 2 business days' notice does not allow us enough time to schedule another patient in need of treatment.

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You will receive two letters for missed appointments without proper notification given. After the second letter, you will be placed on a "same-day appointment" list. On a day that you feel it is convenient to bring your child in, call our office and, if time allows, we will place them in our schedule. More than 2 changes to appointments per family without 2-business days' notice may result in dismissal from the practice.

Parents/patients that are running late are asked to call the office as soon as possible to check with the front office team to determine if the office will still be able to keep their appointment. Changes to appointments left on our voicemail are not accepted and will not be considered changed. Please call during regular business hours and speak with a team member if you need to make a change.

In consideration of other patients, your child's appointment may be rescheduled if you are more than 10 minutes late for your scheduled appointment time.

School holidays, as well as before and after school hours are our most popular appointment times. Appointments canceled with less than 2 business days' notice that are scheduled on a school holiday, before or after school time will not be rescheduled on another school holiday, before or after school appointment time.

We greatly appreciate your cooperation in helping us provide excellent care to your family. Please sign below that you have read and acknowledge the above information provided to you.

AUTHORIZATION

I have read, understand & accept the above agreements, & agree to the terms set forth regarding payment. I assume financial responsibility for all dental treatment and medications provided for my child.

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