



DTC DENTAL CARE, P.C.
AURORA BURLUC, D.D.S.
GARY L. BOUDREAUX, D.D.S
8480 E. ORCHARD ROAD, STE. 4300
GREENWOOD VILLAGE, CO 80111
(303) 771-1009

We are pleased to welcome you to our practice. Our desire is to provide you with the highest quality dental care in a relaxed and informative environment. It is our policy to make definite financial arrangements with you before any treatment begins. Below is an explanation of our financial policy. If you have any questions, please do not hesitate to ask.

1. Payment for services is due at the time services are rendered. We accept cash, checks, all major credit cards, and CareCredit.
2. Deductible and co-payment is due at the time services are rendered. As a courtesy, we will provide you with a copy of charges to submit to your insurance carrier or file a claim to your insurance company on your behalf.
3. In order to file a claim on your behalf, we must have complete and accurate billing information and assignment of benefits to DTC Dental Care, P.C. We do this as a courtesy, but it is your responsibility to see they pay in a timely manner. Insurance is a contract between you and your employer. It is important that you are aware of what is covered by your plan and how benefits are paid. We would be happy to assist you with obtaining this information, but you should be provided this information prior to the effective date of coverage by your employer. We are not responsible for how or what your insurance pays.
4. The office cannot carry balances longer than 30 days. A charge of 1.5% of balances will be added to your account if not paid within 60 days, even if your insurance has not paid.
5. New patient emergency visits require payment in full at time of appointment. Insurance payments will be directed to you or reimbursed to you upon receipt.
6. Should this office be required to employ an attorney or collection service to collect delinquent payments, the responsible party agrees to pay all reasonable costs and attorney fees.
7. There will be a \$25 charge for returned checks.
8. In order to reserve extended appointments with the doctor, you may be asked to provide a deposit toward your treatment plan of \$75 or 10% of the scheduled services.
9. Missed appointments without reasonable excuse may incur a \$50 fee for the doctor's time. Please give the office 24 hours' notice if you are unable to keep your reserved appointment time.
10. The parent or guardian who brings in a child for their initial visit is responsible for payment regardless of a divorce decree. We will not intervene with divorce issues.

I have read and accept the above financial policy, understand it and agree to the terms set forth regarding payment.

Patient Signature or Responsible Party if Minor

Date