



GREGORY D. EVANS, DDS PC

We find that our clients appreciate knowing in advance what is expected of them financially and what terms and conditions are available. If you have any questions, please direct them to one of our Financial Administrators.

As a condition of treatment by this office, all fees are due and payable at the time of service. We gladly accept cash, personal checks, and most major credit cards for payment of your account. For your convenience, we also accept Care Credit.

As a courtesy to you, we will submit your claim for you if you have insurance. Your insurance policy is an agreement between you and your insurance company. Our relationship is with you, not your insurance company. Therefore, all charges are ultimately your responsibility, regardless of your insurance status. You are responsible for the total charges or any difference remaining following payment by your insurance company. We will estimate as closely as possible your coverage. If your insurance has not made payment or you feel that your insurance company has not made adequate payment on your account, you must contact them first to discuss this matter.

\_\_\_\_\_ (initial)

Your insurance company is required by the Colorado Insurance Commissioner to process, pay or reject all insurance claims within 30 days. We guarantee accurate filing based on the information that you provide to us. On day 31, if your insurance company has not reimbursed our office, we will investigate the delay as a courtesy. If needed, we will resubmit your insurance claim one time for you. We will notify you of your insurance company response and the responsibility of the balance will revert to you.

\_\_\_\_\_ (initial)

We will try to accurately estimate your patient portion which is due after insurance. As a courtesy, we would be happy to send a pre-determination to assist with accurate patient portions. If there is a remaining patient balance, we will send you a statement, and payment is due upon receipt. We will begin to charge a late fee of \$5.00 per month on accounts that have remaining balances over 90 days. For your convenience you may now pay your bill online on our website gobiggrins.com.

In consideration of the professional services rendered to my child, I agree to accept responsibility for the payment of such services; and I agree to pay all legal costs including collection fees and attorney fees if I fail to pay my account. I grant you, or your assigned, to telephone me at home or at my work to discuss matters related to this form. I have read and agree to the above conditions of treatment.

Signature of Parent/Guardian

Date

Four horizontal lines for signature and date.

Children's Name(s) (Please print)