

**Kenneth S. Cory, DMD, LLC**

1425 Hawk Pkwy, Ste #7

Montrose, CO 81401

(970) 249-4249

Fax (970) 249-7219

**Welcome to our office!**

Thank you for choosing us as your dental care provider. We look forward to providing you and your family with personalized high-quality dentistry in a relaxed and comfortable atmosphere. We believe that every good relationship starts with understanding and communication. The following policies are intended to promote a better understanding of our financial policy and to develop a comfortable relationship between patient and doctor.

Payment options:

Cash

Personal Checks

MasterCard, Visa, American express, Discover

Care Credit - This company offers payment plans with small monthly payments and no-interest options. This allows you to complete your dental treatment without delay.

Dental Insurance:

Dental insurance helps pay some of your dental expenses depending on your policy and the premium paid by your employer. We are committed to helping our patients realize their maximum insurance benefits. We have an insurance calculator that helps us closely estimate your insurance benefits, but please understand we are only able to approximate your portions. Because your dental coverage is a contract between your employer and the insurance company, our office cannot guarantee estimated coverage and patients will always be responsible for all fees should their insurance benefits result in less coverage than anticipated.

As a courtesy to our patients, we electronically submit all claims and supporting information to your insurance company at the time of service. We ask only that you pay your estimated portion at that visit. If after 60 days your dental insurance has not paid or if they have not paid the entire estimated portion, the balance will be due in full from you.

Cancellations

An appointment is an agreement between our office and you. Our part calls for us to reserve office time for you. If you must reschedule and appointment, please extend us the courtesy of 24 hour notice, since changes in appointments affect other patients and our staff. We regret that we may assess a \$45 charge per thirty minutes scheduled for failed appointments or cancellations with less than 24 hour notice.

I understand the above financial policy and agree to comply with all the terms. I assign my dental insurance benefits to Dr. Kenneth S. Cory and authorize release of any information necessary for the processing of my claim.

Signature of patient or Guardian: \_\_\_\_\_

Date \_\_\_\_\_