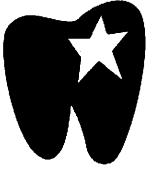

Phillip E. Pontious, D.M.D.

1204 MAIN STREET
CANON CITY, CO 81212
TELEPHONE: (719) 275-2887
FAX: (719) 275-2761

WELCOME! We are pleased that you have chosen our office for your dental care needs. We look forward to giving you plenty to smile about. So that we may build a confident and professional relationship with you, we have listed some of the policies of our practice.

FINANCIAL RESPONSIBILITY

To help us keep the cost of dental care as affordable as possible, **we require payment in full at the time of service.** For your convenience, we accept cash, personal checks, VISA, Mastercard, and Discover. CareCredit is also available. If you are not prepared to pay at the time of your appointment, please let us know so we may re-schedule your appointment to a more convenient financial time.

Dr. Pontious is IN NETWORK with Metlife, Delta Dental, United Healthcare (this includes UMR), Anthem Blue Cross Blue Shield, Cigna, and, Aetna ONLY. For all other insurance companies we are considered an out of network provider. We accept all insurances except Medicaid and Medicare. Knowledge of your insurance coverage is your responsibility, but we will do our best to stay up to date as well. Any pre-treatment estimate from your insurance carrier is not a guarantee of payment it is just that, an estimate. We require an insurance card that we may photo copy; the card must have the ID/group number and the mailing address. We also require your social security number and date of birth for insurance purposes. Without this information, we cannot file your claim and you will be considered private pay.

MISSED, NO-SHOW, OR LATE APPOINTMENTS

Our office strives to be on schedule for all appointment as we value your time. We expect the same in return. If you **do not show up** for a scheduled appointment you will be automatically charged a $50 fee. If you miss more than two appointments, you will be dismissed from our practice. If you cancel an appointment with **less than 24 hour notice**, a $50 fee will be charged to your account. If you are more than **fifteen minutes late**, it will be necessary to reschedule your appointment.

DELINQUENT ACCOUNTS

Any account not paid in full in 90 days will be turned over to our collection agency. If your account is referred for collections, you will be responsible for any filing fees, lawyer fees, court costs, or other intangible fees.

I have read and agree to the office policies and financial terms of this office.

Patient Signature: ______________________________ Date: __________

If patient is a minor,

Parent/Guardian Signature: __________________________ Date:__________