Office and Financial Policy

Thank you for choosing Brighton Smiles for your oral health needs. My team and I are committed to provide you with the best possible care. We will be available to discuss our professional fees with you at any time. Your clear understanding of our office and financial policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy or your responsibilities.

PAYMENT POLICY: Payment is due at the time services are rendered. For your convenience we accept Cash, Check, MasterCard and Visa. In special circumstances, extended payment arrangements may be established at your consultation visit. All payment arrangements must be made prior to beginning any treatment. In the event that your account incurs a balance, you are responsible for making timely payments. All balances must be paid in ninety days.
In the event of default, the patient/guardian agrees to pay, whether or not legal proceedings are instituted, a reasonable collection agency fee for any debt incurred hereunder and to pay all reasonable costs of collection including but not limited to court costs and attorney fees as a result of the default. The patient/guardian also agrees to pay interest at the rate of 18% per annum on any account not paid within ninety days. If such action occurs, it is understood that the patient, guardian and family will be unable to continue with the doctor or her auxiliary staff.

INSURANCE: Insurance is a contract between you and your insurance company. Our office will file your claim and attempt to collect payment on your behalf. It is your responsibility to know and understand your dental insurance benefits. You will be expected to pay all estimated patient payments at the time services are rendered. Procedures not covered by your plan and claims not paid within sixty days are your responsibility. Your provider determines the diagnosis as well as the appropriate designation of the type of visit. Some services may not be covered or paid for by your particular insurance benefits, or they may go towards your deductible. Coding for your services will be determined by your dental provider based on the actual services performed and will not be changed to satisfy any insurance limitations. Please contact your insurance plan provider or human resources department for benefit details.

MISSED/CANCELLED APPOINTMENTS: Our office policy is to charge for appointments missed or cancelled without 48 hours' notice. The charge will range from $20 up to the rate of your scheduled appointment. Please help us serve you and all of our patients better by keeping your reserved appointments.

LATE ARRIVALS: If you are 10 minutes or more late to the scheduled appointment time, your appointment may be rescheduled.

CONSENT: The undersigned hereby authorizes Dr. Spencer to take radiographs, study models, photographs or any other diagnostic aids deemed appropriate to make a thorough diagnosis, perform any and all treatment needed, including but not limited to medications, therapy or treatment of the oral cavity. I understand there are risks involved with each and every dental procedure including the administering of anesthetic(s). It is my personal responsibility to request information about treatment so I can make informed decisions regarding my health and dental treatment. Dr. Spencer may choose and employ such assistance as she deems fit. Dr. Spencer may delegate certain tasks to be performed which are legal and ethical by dental assistants and/or hygienists under Colorado dental practice law 12-35-128. Such tasks can be performed with direct or indirect supervision. I understand and consent to the above information regarding treatment, payments, insurance, missed/cancelled appointments and late arrivals.

Patient/Guardian Signature______________________________ Date__________________