

Lawrence M. Kuljis DDS
8200 East Belleview, Suite 465
Englewood, Colorado 80111

Financial Agreement

To improve the communication between our office and you, we have the following policies:

Payment Agreement

Our office requires payment at the time of each visit, unless a PPO or another insurance group that pays our office directly covers the patient. Co – payment or the patients' percentage of a procedure is due at the time of service. We are happy to accept payment by cash, check, Visa, MasterCard or American Express. There will be a \$25 charge for all returned checks. All cosmetic procedures must be prepaid before the service is rendered, unless other arrangements have been made in advance. Since we are extending credit while your insurance is processing your claim, a finance charge of 15% interest is assessed to outstanding balances.

Fees

Our fees are the usual and customary for this area and specialty. We invite you to discuss with us any questions you may have concerning our service or fees.

Private Insurance

Payment at the time of service is required. Our financial relationship is with you, not your insurance company. We will file your insurance for you.

Important Note

When asked, and as a courtesy to you, we will try to give you general guidelines about what your insurance policy might cover. Since dental insurance is an agreement entered into by you and your insurance carrier, you are responsible for knowing specifics of what your policy covers.

Appointment Policy

This is reserved exclusively for you. We reserve the right to charge for appointments cancelled or broken without a 24-hour notice.

*I understand and agree to the "payment at the time of service" policy of Lawrence M. Kuljis DDS

Signature and date

*I hereby authorize Dr. Kuljis to furnish information to all insurance carriers concerning any illnesses and treatment. I hereby accept responsibility for all fees, regardless of insurance coverage.

Signature and date