CHRIS J DUMAS DDS, PC
COMPREHENSIVE AND COSMETIC DENTISTRY

6900 E. Belleview Ave. #203 | Greenwood Village, CO 80111
303-796-8668 | FAX 303-804-5629 | info@drdumas.com

FINANCIAL AND INSURANCE INFORMATION

All information is confidential.

Patient's Name _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip Code _____

Spouse's Name _____

Business Phone # _____ Cell Phone # _____

Person Financially Responsible for Account _____

Your Employer/Position _____

Your Employer Address _____

City _____ State _____ Zip Code _____

Dental Insurance Company* _____
(*Please provide card so that we may copy.)

Address _____

City _____ State _____ Zip Code _____

Group # _____ 800# _____ SSN _____

Who may we thank for referring you to our office? _____

PAYMENT POLICY

Payment at the time service is rendered is expected. We accept cash, check, and most bank cards. If insurance payment is expected, we will complete and submit standardized universal forms at no fee. We can give the estimated amount due. Any insurance claim submitted but not paid after 60 days is due and payable by the patient. We are not responsible for any insurance errors or the accuracy of insurance benefit estimates. We provide this service as a courtesy and do not act as an agent of the insurance company.

BILLING SERVICES

With prior discussion, we may provide a monthly statement. All accounts are due within 3 statements. Any balance over 3 months, (including unpaid insurance claims) will accrue 1.5% interest per month. Any 3rd party collection proceeding will scrupulously adhere to applicable laws. Any balance collected by 3r party will have all
legal and court fees added.

USUAL, CUSTOMARY, AND RESAONABLE FEES (U.C.R.)

Our fees fall within the U.C.R. for this region. Our fees are 100% acceptable by Delta, by far the largest administrator of dental plans in Colorado. Any insurance company that lowers a benefit payable to the patient by claiming our fees are above the U.C.R. is being untruthful. Insurance companies take refuge behind legislation passed in 1948 exempting them from certain Anti-Trust Laws. They can therefore make such a claim without disclosing their methodology. This matter has been in the courts for years and is currently an area of intense litigation. You, the patient, are ultimately in control of your treatment and of your dental health. Please feel free to ask any questions.

WE MUST BE NOTIFIED 48 HOURS IN ADVANCE OF ANY CANCELLATION. FAILURE TO KEEP A CONFIRMED APPOINTMENT MAY RESULT IN A FEE.

The undersigned hereby authorizes the release of any information relating to all claims for benefits submitted on behalf of myself and/or dependents. I further expressly agree and acknowledge that my signature on this document authorizes my dentist to submit claims for benefits, for services rendered or to be rendered without obtaining my signature on each and every claim to be submitted for myself and/or dependents and that I will be bound by this signature as though the undersigned had personally signed the particular claim. I have read, understand, and agree to the above financial policy. I hereby authorize payment directly to Chris J. Dumas, DDS of the dental benefits otherwise payable to me.

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Signature of Patient or person authorized to consent for patient Date