A. Patrick Smithwick III, DDS
Board Certified Pediatric Dentist

Roger J. Castro, DDS
Board Certified Pediatric Dentist

Meredith M. Ghivizzani, DMD
Board Eligible Pediatric Dentist

KIDS MILE HIGH
PEDIATRIC DENTISTRY
ORTHODONTICS

Financial policy

We are pleased to welcome you to our practice. Our desire is to provide you with the highest quality dental care in a relaxed and informative environment. It is our policy to make definite financial arrangements with you before any treatment begins. Below is an explanation of our financial policy. If you have any questions, please do not hesitate to ask.

1. Payment for services is due at the time services are rendered. We accept cash, checks, Care Credit and all major credit cards.

2. Deductible and co-payment is due at the time services are rendered. As a courtesy, we will provide you with a copy of charges to submit to your insurance carrier for reimbursement or file a claim to your insurance company on your behalf.

3. In order to file a claim on your behalf we must have complete and accurate billing information and assignment of benefits to the practice (Alfred P. Smithwick III and/or Roger J. Castro. We do this as a courtesy, but it is your responsibility to see that they pay in a timely manner. Insurance is a contract between you and your employer. It is important that you are aware of your benefits, to include frequency and limitations within the plan. We would be happy to assist you with obtaining this information, however you should have been provided this information prior to the effective date of coverage by your employer. We are not responsible for how or what your insurance pays.

4. The office cannot carry balances longer then 30 days. A charge of 1.5% of balances will be added to your account if not paid within 60 days, even if your insurance has not paid.

5. New patient emergency visits require payment in full at time of appointment. Insurance payment will be will be directed to you or reimbursed to you upon receipt.

6. Should this office be required to employ an attorney or collection service to collect delinquent payments, the responsible party agrees to pay all reasonable collection costs and attorney fees.

7. There will be a $50.00 charge for returned checks.

8. Missed appointments without reasonable excuse may incur a $50.00 fee for the doctor's time. Please give the office 24 hours notice if you are unable to keep your reserved appointment time.

9. The Parent or Guardian who brings the child for their initial visit is responsible for payment regardless of a divorce decree. WE WILL NOT INTERVENE with divorce issues.

Authorizations

1. I authorize payment of dental benefits otherwise payable to me, to be directed to A. P. Smithwick III, DDS, PLLC, Dr. Paddy, PLLC and/or Kids Mile High Thornton, PLLC

2. I authorize the use and disclosure of any information concerning my case to my insurance company by A. P. Smithwick III, DDS, PLLC, Dr. Paddy, PLLC and/or Kids Mile High Thornton, PLLC

3. I have read and accept the above Financial Policy, understand it and agree to the terms set forth regarding payment.

Patient signature or responsible party if minor

Date