



Southern Colorado Periodontics & Implants
320 E. Fontanero Street, #307
Colorado Springs, CO. 80907
(719)475-9023

FINANCIAL AND PATIENT AGREEMENT POLICY

We are committed to giving you the best care possible. We expect in return that you have the same commitment to your dental and financial responsibility to us.

CANCELLATION POLICY

In order to meet the need of all our patients, please call our office as soon as possible if you need to reschedule your appointment. Our office schedules and reserves a significant amount of time for examinations, surgical and scaling/root planing procedures. **We request a 24 hour notice** by phone during our regular business hours for any changes in your appointment status.

Leaving a message on the answering machine after hours does not give our office adequate time to adjust the schedule. **A broken appointment fee of \$50 may be charged if we do not receive appropriate notice.**

UNINSURED PATIENTS

Payment arrangements are available for patients without a dental benefit plan. We accept Visa, MasterCard, Discover, Cash, Checks and CareCredit*

INSURED PATIENTS

As a courtesy to our patients, we will file your primary and secondary dental insurance claims for you. It is ultimately your responsibility to make sure we are a participating provider with your plan.

I acknowledge full financial responsibility for the services provided to me by Southern Colorado Periodontics. I understand I am responsible for prompt payment of any portion of the charges not covered by my insurance. I consent that direct payment of authorized insurance benefits are paid on my behalf to Dr. Justin Tullis DDS, MS.

Patient Signature: _____ **Date:** _____

*Subject to credit approval