

Landmark Total Dentistry

Per T. Reiakvam DDS PLLC: 7400 E Crestline Cir., #240
Greenwood Village, CO 80111

Payment/Insurance Policy

In pursuit of providing and maintaining the highest quality care for our patients, and making your dental experiences the very best possible, we request that you review the following information. If you have any questions, or need points of clarification please feel free to discuss them with any of our team.

Our goal is to provide the finest care for you and your family in an environment of trust and understanding. We strive to accurately convey your dental need and wish to offer you the best possible care regardless of insurance coverage. Your insurance company will not dictate the quality of care offered to you in this office. It is your choice to decide if the care you ultimately receive is limited by the financial guidelines within your policy. We promise the best will always be available to you, but we understand that constraints may exist.

All too often there is a misconception that insurance companies have an obligation to the doctor and the doctor has rights with respect to billing the insurance companies. The care provided in this office is rendered to you the patient and not to the insurance company. Your insurance company has a financial responsibility to you, and you the patient or guardian have a financial responsibility to the doctor. We will not provide services on the assumption that the charges will be paid for by the insurance company. Given the multitude of insurance companies, we cannot possibly define and guarantee your insurance coverage for the services rendered in this office. Remember insurance is meant to offset the expense of dental care, not pay for it entirely. If your choice of care is based on your insurance coverage, to avoid the difficulties that are brought about by unpleasant surprises, it is highly recommended that you receive confirmation of coverage from your insurance company before beginning treatment.

*We most certainly realize the difficulty of sorting through the information in your policy, and we will be happy to help, but with or without insurance coverage the patient is fully responsible for the services offered in this office. Payment is due and payable at the time of service. If you wish, we will be happy to submit your bills for treatment as treatment is provided, once your insurance company has provided us with your specific coverage information. **If you wish to proceed with treatment before written confirmation from your insurance company, payment will be required from the patient the day of service.** Please select the method of payment you wish to use.*

1. _____ I will pay for my treatment the day of service. I have no insurance.
2. _____ I will pay for my treatment the day of service. And file my own insurance.
3. _____ I will pay my portion the day of service and request the doctor file my insurance for me.

(Patient Signature)

Parent if patient is a minor

Date