

**Flatirons Endodontics, LLC**  
**Brian C Frutchey, DMD**

**Financial Policy**

If we accept your insurance plan we are happy to submit fees covered by insurance directly to your provider. In addition, we will estimate your portion of the fee which will be due at the time of service. If you do not have insurance, full payment for services are due at the time rendered. We accept Visa, MasterCard, Discover, American Express, check and cash.

Returned checks will be subject to a \$25.00 service charge added to your account.

Charges may also be made for medical reports, medical records, no-shows and appointments cancelled without 48 hours advance notice.

Please be advised that if for whatever reason your insurance company may deny your claim, you are responsible for all charges from the date services are rendered.

If you have any questions regarding your account or your insurance, please contact our office at (303) 665-6120.

**ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY:**

The information provided by me to Flatirons Endodontics is true to the best of my knowledge. I understand that I am responsible to pay for services rendered including reasonable attorney's fees and costs of collection in the event of default. I also hereby authorize Flatirons Endodontics to furnish or obtain any/all information to/from insurance carriers, the referring doctor or physician, other agencies to whom we refer, or designated next of kin or caregiver concerning treatments. I authorize my insurance company to send payment directly to Flatirons Endodontics.

Signature \_\_\_\_\_ Date \_\_\_\_\_