

*Christine S. Bloss, D.D.S.*  
*646 S. 1<sup>st</sup> Street*  
*Montrose CO, 81401*

## PATIENT FINANCIAL RESPONSIBILITY FORM

**Patient Name:** \_\_\_\_\_

Forms of payment accepted: cash, check, Visa, Mastercard, Discover, American Express, and *CareCredit*. \*\* For treatment plans of \$ 1000 or more, we offer a 5% bookkeeping courtesy to patients who pay for their treatment in full, with cash or check, at least 7 days prior to appointments.

*\*\*CareCredit offers 6 and 12 month payment plans*

**Please Note:**

- Christine S. Bloss, DDS requires payment prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, you will receive a refund less the cost of care received.
- For plans requiring multiple appointments, alternative payment arrangements may be approved.
- For patients with dental Insurance, we are happy to electronically file your claims to help maximize your benefits and provide you with the documentation you need to receive reimbursement directly from your insurance company. Payment for services is required at the time of service unless other arrangements have been made.
- A fee of \$50 is charged for patients who miss or cancel appointments without 48-hour notice. Christine S. Bloss, DDS charges \$30 for returned checks.
- Finance charges will be applied to any outstanding balance after 90 days at a rate of 1.8% per month (annual percentage rate of 21.6%).
- If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want and need.

I understand that I am responsible for all debts incurred.

X \_\_\_\_\_ X \_\_\_\_\_  
**Signature of responsible party** **Date**