



Our Practice not only focuses on excellent healthcare service but also how to provide service as cost effectively as possible. We have found that collecting all known liability at the time of service is not only beneficial for the practice, but experience has proven that our patients appreciate knowing they will not have to worry about delayed billing, payments, or credits on their account. It is our pleasure to file your first insurance claim along with any documentation required by your insurance company, all unpaid claims are ultimately the patient or guardians' responsibility.

We provide secured methods of accepting your payment at the time of treatment and keeping your credit card on file to handle any remaining balance/credit after insurance company reimbursement.

I, _____ authorize, **Oral and Facial Surgery of Eastern Colorado** to keep my credit card on file and to credit/charge my account for the balances remaining overpaid or unpaid following insurance payments for services rendered by Oral and Facial Surgery of Eastern Colorado. **If there are unpaid insurance claims after 60 days, the remaining balance will be charged to your credit card.** It is your responsibility to follow the claim and help our billing department with any additional information needed to make sure the claim is paid in a reasonable (60 days) amount of time.

I understand the provider is offering this as a courtesy and I may opt to pay my balance in full and get reimbursement from my insurance and cancel this agreement. I am authorizing the use of this card for:

Patient Name: _____

Card Holder Name: _____

Card Holder Address: _____

Card Holder Phone Number: _____

Signature: _____ Date: _____

Please call our billing department with any questions at 303-219-2119. Thank you.

Bryan Y. Chai DDS, PhD ■ J. Brandon Luter, DDS
1176 Aloha Street Unit #200 Castle Rock, Colorado 80108 ■ 303-219-2119
frontdesk@oralsurgeryeasterncolorado.com
www.oralsurgeryeasterncolorado.com

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