



SUMMIT FAMILY DENTISTRY

RICHARD L. HARVEY, D.D.S.
AARON K. KUBICEK, D.M.D. ALISON W. HOOVER, D.D.S.

Welcome to Our Dental Office!

12999 West Bowles Drive, Littleton, CO 80127
(303) 989-9010 | Fax: (303) 989-0271 | www.SummitFamilyDentistry.com

Insurance

Dental Insurance? Y N (As a courtesy, our office will submit claims for you in most cases)

Policy Holder _____ Policy Holder Birth Date _____ Policy Holder SS# _____

Employer _____ Group Plan Policy # _____

Insurance Company _____ Phone _____

Do you have secondary insurance? Y N (If yes, fill out information below)

Policy Holder _____ Policy Holder Birth Date _____ Policy Holder SS# _____

Employer _____ Group Plan Policy # _____

Insurance Company _____ Phone _____

Financial Agreement

FINANCIAL RESPONSIBILITY, ASSIGNMENT OF INSURANCE AND RELEASE

I have reviewed Summit Family Dentistry's financial policy. **I am financially responsible for all charges incurred during treatment whether paid by insurance or not.** If I have insurance coverage as listed below, I assign to Summit Family Dentistry any insurance benefits for services rendered. I authorize a release of all information necessary to secure payment and authorize the use of the below signature on all insurance forms. All accounts which become thirty days **delinquent** are subject to a **1.5% finance charge per month** on the past due amount. This is an annual percentage rate of 18%. I also understand that I may be charged \$50 for a missed appointment or cancellation when providing less than 48 hours notice.

Signature _____ Date _____

Printed Name _____