



Joshua Fowler, DMD

1555 Main St.
Suite A-2
Windsor, CO 80550

Tel: 970.686.7858
Fax: 866.514.8749

Joseph Widdison, DMD

1640 25th Ave #C
Greeley, CO 80634

Tel: 970.352.5448
Fax: 970.353.2915

Our Financial Policy

Thank you for choosing Benchmark Dental. Our primary mission is to set the standard in treatment as well as in patient experience and education. An important part of this mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment options we accept:

- Cash
- Check (*returned check fees will apply for insufficient funds)
- Visa, Mastercard, Discover and American Express
- Care Credit
- Lending Club

We will provide our patients with a treatment plan listing all procedures recommended by our dentist and your portion for each service.

For patients with dental insurance, we are happy to work with your carrier and submit claims on your behalf. Our office policy is to collect the estimated patient portion on the day of service including any deductibles and co-pays then bill your insurance for their estimated balance. We will collect in full if cash/check pay. Longer scheduled appointments or sedation appointments may require a two week advance confirmation or pre-pay. We will inform you if your procedure requires this.

Please understand that you are responsible for the fees incurred for any treatment provided. Your insurance policy is a contract between you and your insurance company and not directly with Benchmark Dental. We will make every effort, within reason, to obtain reimbursement from your insurance company. If coverage is declined or unpaid, you understand that you remain responsible.

If you require confirmation if a service or procedure is guaranteed to be covered by your insurance company you must request a pre-authorization **prior to any scheduled treatment**. Please be aware that this may take several weeks to receive. It will be your responsibility to confirm authorization prior to completing any services.

If you have any questions regarding our financial policy please do not hesitate to ask. We are here to make your dental experience as patient friendly as possible.

I understand the above Benchmark Financial Policy.

Signature of Patient/Guardian:

Date: