



## **FINANCIAL POLICY and AGREEMENT**

We are pleased and honored that you have selected Spring Creek Dental for your dental needs. Our team is fully committed to delivering the absolute highest quality dental care available and providing you with the tools to maintain your investment in yourself for years to come.

### **Payment options**

Payment is due in full at the time of service unless prior financial arrangements have been made. For your convenience we accept the following payment options: Cash, check, credit cards and CareCredit for those who are approved. We offer a 5% cash discount for our self-pay patients.

### **Insurance**

We are committed to helping our patients maximize their insurance benefits. It should be understood that dental insurance is a benefit whose conditions are outlined in the contract between the dental insurance company and the patient. Therefore, it is ultimately you, the patient, that is responsible for knowing the terms and conditions of your insurance contract as well as bearing the financial responsibility for your account. We recommend reviewing your contract thoroughly prior to beginning treatment and that you contact your insurance provider for more details. If questions should arise, our staff is available to provide clarification on services, billing and insurance.

As a courtesy to you we will process all of your insurance claims. By signing this form you may give permission to assign dental benefit payments to be paid directly to Spring Creek Dental from your insurance company.

### **Minors**

Payment for services rendered for minors are the financial responsibility of the minor's legal guardian. The payment that is due at time of service is the responsibility of the adult accompanying the minor to their appointment.

### **Missed appointments**

Please remember that your appointment time has been reserved specifically for you. We reserve the right to charge a fee for all cancelled or missed appointments without 24 hour notice.

### **Specialty Services**

For all services that incur a laboratory fee (crowns, bridges, nightguards, etc) a 50% deposit is due at the time of initial service. The balance is due in full at case completion.

### **Service Charges**

The policy of this office is to charge 10% monthly interest as a billing charge to be applied to all accounts that receive a 30 day, 60 day and 90 day letter. Our returned check fee is \$35.00.

### **Collection Fees**

In the event that your account becomes past due, it will be referred to an outside collection agency. The account holder will be responsible for all collection costs, attorney fees, court costs or any other fees incurred by Spring Creek Dental.

I understand and agree to this Financial Policy and Agreement

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Signature of Patient or responsible party

Date

## SIGNATURE RELEASE STATEMENT

Your signature is necessary for us to:

- Process all insurance claims.
- Ensure payment for services provided.
- Release medical information to insurance companies needed for the procession of your claims.
- Release information to other medical and dental providers, including laboratories, when necessary, for your treatment.

I hereby authorize the release of all medical information necessary to process my claims and I authorize release of this same information, when necessary, to other providers rendering medical/dental care, as well as to labs that need my information to make a diagnosis or fabricate an appliance necessary for my treatment.

I assign all medical and surgical benefits, including major medical benefits to which I am entitled, to Spring Creek Dental. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original.

Patient Signature: \_\_\_\_\_

Patient Full Name (Print): \_\_\_\_\_

Patient Signature (if minor): \_\_\_\_\_

Date \_\_\_\_\_ Witness initial: \_\_\_\_\_