



SPRING CREEK
DENTAL

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. As a condition of your treatment by Spring Creek Dental, financial arrangements must be made in advance. The practice depends upon reimbursement from our patients for the costs incurred for their care to remain viable. Therefore, financial responsibility on the part of each patient must be determined before treatment.

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 courtesy for our self-pay patients as well as 10% senior courtesy for self-pay patients over the age of 65.

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. Be advised that any amounts proposed to be paid by insurance providers are **estimates only**, and that no guarantee can be made by our office regarding these amounts. Any financial balance is ultimately your responsibility, and you may be billed for any claim not paid by your insurance provider. 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 and Divorced and Separated Parents

Payment for services rendered to 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 regardless of marital status (divorce or separated) of the parents.

Missed appointments

Please remember that your appointment time has been reserved specifically for you. Several staff members are employed to ensure that visits to our office are mutually time and cost effective for our patients and our practice. We reserve the right to charge a fee for all cancelled or missed appointments without 24 hour notice. Continued missed appointments may result in dismissal from Spring Creek Dental.

Specialty Services

For all services that incur a laboratory fee (crowns, bridges, nightguards, dentures, implants, etc) a 50% deposit is due at the time of initial service. The balance is due in full at case completion. Any patient, regardless of insurance status, that abandons treatment without cause once laboratory fees have been incurred shall be responsible for said fees.

Emergency Services

Patients seen on an after hours emergency basis will be charged a non-refundable emergency fee of \$100.

Service Charges and Federal Truth in Lending Statement

As payment is due at time of services, outstanding balances on your account are discouraged. 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 past due letter. Our returned check fee is \$35.00.

Delinquent Accounts

In the event that your account becomes delinquent, it will be referred to our outside collection agency, Credit Service International. All referred accounts are marked "Inactive". In order to have your account "Reactivated", the total referred account balance must be paid in full. Once your patient status is reactivated you may make appointments but all patient portions will be collected up front.

I understand and agree to this Financial Policy and Agreement

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: _____

