

Dentistry at the Springs

Financial Arrangements

We are committed to providing you with the best possible care. In order to do this, we need your assistance and your understanding of our financial and scheduling policies.

Payment for services is due at the time services are performed. We accept cash, checks, debit cards, Mastercard, VISA, Discover and American Express. We also offer Citi Card, an interest free monthly financing plan used specifically for dental treatment.

Any patient balance over 30 days is subject to rebill charges. Returned checks and balances older than 45 days may be subject to additional collection fees. Charges may also be made for cancelled appointments, failure to show appointments without 2 business days advance notice, and late arrival appointments. (Fee will be determined by the amount of time & type of appointment it is.)

Insurance

If you have dental insurance, we will help you receive your maximum allowable benefits. We will gladly discuss your proposed treatment and answer any questions relating to your insurance, however, please note-

Your insurance is a contract between you, your employer and the insurance company. We are **NOT** a party to that contract.

Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. Some insurance companies arbitrarily select certain services that will not be covered, or are covered only on a limited basis. These limitations and contractual specifications make it nearly impossible to give you exact amounts you will be ultimately responsible to pay. Any estimate we give you is a courtesy, and not intended to be an **exact** amount or **guarantee** of payment. Questions on policies, coverages, limitations and eligibility need to be addressed to your employer or your insurance company by you.

Appointments

If you must cancel a scheduled appointment, please notify our office as far in advance as possible (**2 business days is mandatory-office is closed on Fridays**) so that your appointment time may be filled by another patient. Failure to cancel a scheduled appointment in adequate time will result in a fee to be determined based on reserved time. To reschedule after breaking an appointment, a payment in advance may be required.

I have read and understand the above policies: _____

Signature

Date

Please provide Dentistry at the Springs with your credit/debit card information and authorization on file so that we can bill for mailed dental products, broken appointments, previous balances, prior authorizations, etc. All information is confidential.

Optional

Credit Card Type: _____ Number: _____

Expiration Date: _____ CVC code on back: _____

Responsible Party: _____

Print

Date

Signature

Date