

Springwood Dental Associate
2084 Springwood Road
York, Pa. 17403
(717) 854-3310

Office Policies and Financial Agreement

It is our desire to provide the highest quality dental care to everyone. The following is a statement of Springwood Dental's Office/Financial Policies. We ask that you please read, agree to, and sign before any treatment is rendered.

Regarding Insurance

Our goal is to maximize your insurance benefits. It is important to understand that the insurance contract is between the insurance company and you, the insured. Dental insurance was not designed to pay for all dental care. Treatment recommended by the Doctors and Hygienist of Springwood Dental is never based on what your insurance company will pay. Due to pending claims and patient privacy issues, we do not always know how much an insurance company has already paid to another office or specialist, and the balance remaining on a yearly maximum.

Please be prepared to show your insurance card and driver's license at the time of your visit. It is the patient's/guarantor's responsibility to provide any new information regarding insurance. Our office will gladly submit your insurance claim to your insurance carrier, as a courtesy to you. If for some unforeseen reason your insurance carrier has denied or not made payment within 60 days, the patient/guarantor is responsible for the balance in full.

Insurance Release: I authorize the release of any information including the diagnosis and the records of treatment or examinations rendered, to the insurance company or to consulting professionals for the purpose of treatment.

Payment Options

We will send a bill if a balance is due; any balance past due more than 60 days will incur a \$3.00 service fee. For your convenience, we accept cash, personal checks, Master Card, Visa, Discover, American Express and Care Credit. There is a \$25.00 service charge for any returned checks.

3rd Party Financing (Care Credit)

With prior approval, we are pleased to offer a choice of No Interest or Extended Payment Plans to qualified applicants. If you would like to make extended payments for services provided at our office, please ask any of our administrative team for assistance in filling out an application form.

Cancellation Policy

We kindly ask that patients give us a minimum of two-business days' notice, if unable to keep your appointment. Our office does not accept cancellations or changes in appointments after hours by voice mail; you **must** call during our normal business hours. This courtesy on your part will make it possible to give your appointment to another patient who needs to see the dentist or hygienist.

There will be a \$ 50.00 minimum charge for failed appointments or appointments cancelled on the day of. The length of time reserved and the number of prior failed appointments determines your charge.

I have read, understand and agree to the above Office Policies and Financial Agreements.

PATIENT SIGNATURE
(PARENT/GUARANTOR signature if Patient is a MINOR)

DATE

CHILD'S NAME _____