



## WELCOME TO OUR PRACTICE SPRINGS DENTAL CARE, PC

We want to thank you for selecting us to take care of your dental needs. We are pleased to serve you, and our desire is to provide you with high quality dental care. Below is an explanation of payment policies. If you have any questions, please don't hesitate to ask.

We make every effort to keep down the cost of your dental care. You can help by paying at the time of your visit. Below are the payment options available:

1. **Cash or Check-** The account is paid in full at each visit.

2. **Credit Card-**

We accept



3. **Insurance -**

As a courtesy to you, we can file your insurance claims. Your deductible and co-payments are due at the time of service. In order to keep our fee down we are unable to bill you for services after insurance has paid. *Remember, insurance is not a guarantee of payment and you are responsible for paying any balance not covered by the insurance company, including all fees considered above your insurance company's maximum allowed benefit.*

4. **Payment Plans-**

We offer in-house payment plans for up to three months and also accept  **CareCredit**<sup>™</sup>  
Making care possible...today.

A 1.5 % finance charge per month will be added to unpaid balances after 30 days. There will be a \$25.00 service charge on all returned checks. ***If you need to change your reserved appointment, please give us 48 hours advanced notice so that we have time to fill the open appointment time, otherwise we will need to charge a \$ 50.00 failed appointment fee. For any sedation appointments, we need at least 4-5 business days advanced notice, otherwise a fee equal to sedation cost will be applied on account.***

### Authorizations

I authorize Dr. Richard A. Cea, to release any information concerning my case to my insurance company. I have read the above information and understand my obligations regarding payment. This is to acknowledge signature on file for any insurance claims where authorization is necessary and to accept this office's financial policies.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_