



Welcome to Wellspring Dental Group

Thank you for selecting us as your dental health care providers. Our goal is to provide you and your family with optimal dental care. We want you to feel welcome and as comfortable as possible throughout your treatment. We encourage you to ask questions and to be involved in treatment decisions.

Financial Policy

Payments: Payment is due at the time services are rendered unless prior arrangements have been made with the financial coordinator. All insurance co-pays and deductibles must be paid at the time of service.

- Payment options: We accept cash, check and all major credit cards.
- Monthly payment options: Through CareCredit we offer interest-free term loans with no down payment, annual fee, or prepayment penalty. Ask the front desk for more details.

Insurance: Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event we do accept assignment of benefits and your insurance company has not paid your account in full within 60 days, the balance may be transferred to your account. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and customary under the terms of your insurance policy. Our practice is committed to providing the best treatment for our patients and we charge what is the usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

*Please note: Some insurance companies will not pay for composite (white fillings) on posterior teeth. Instead, they pay their allowance for an amalgam (silver fillings). You are responsible for the difference.

Missed appointments: In order to serve you better and keep the cost of dental care down, we try to maintain an efficient appointment system. However, our cost of providing care increases greatly when patients fail to keep an appointment. We reserve the right to charge a \$25.00 fee for canceled or missed appointments without 24 hours notice.

Service Charges: Unpaid balances will be assessed a finance charge of 18% per annum after 60 days. Checks that are returned to our office from your financial institution are subject to a \$35.00 returned check fee.

Consent for services

Consent to Diagnostic Records: I hereby give permission to Dr. Kelly Whelan, Dr. David Chan and qualified staff to take and use diagnostic records for the purpose of planning treatment. These records can include photographs, radiographs, impressions, and plaster study models, and medical/dental history.

Insurance Payment Authorization: I hereby authorize payment to Wellspring Dental Group for insurance benefits otherwise payable to me by Dr. Kelly Whelan, Dr. David Chan and/or hygienist. I authorize records to be released to the insurance as requested by them to effectively process claims.

Please indicate your understanding and acceptance of these policies by signing below. For the mutual convenience of you and the practice, it is understood that this executed copy shall also cover any dependent children who are patients of the practice.

Signature of patient or Responsible Party: _____ Date: _____

Patient name (printed): _____