

**Sinking Spring Family Dental, LLC**  
**Written Financial and Appointment Policies**

Thank you for choosing Sinking Spring Family Dental, LLC. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

**Payment Options:**

You can choose from:

- Cash, Check, Visa, MasterCard, American Express or Discover Card
- Convenient Monthly Payment Options<sup>1</sup> from CareCredit Healthcare Credit Card or Wells Fargo Health Advantage<sup>2</sup>, which allows you to pay over time and there are no annual fees or pre-payment penalties.

Please note:

Sinking Spring Family Dental, LLC requires payment at the beginning of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.

Fees for treatment may vary at the time of service due to the extent of treatment.

For plans requiring more than two appointments, alternative payment arrangements may be provided. For larger, more comprehensive treatment plans of \$500 or more, a 25% deposit is required to secure your initial treatment appointment.

For patients with dental insurance, we are happy to work with your carrier to maximize your benefits and directly bill them for reimbursement for your treatment.<sup>2</sup> All copayments are collected at the time of service. Fees are estimates only and are not a guarantee of payment from your insurance company. Although a pre-determination may have been received from your insurance company, insurances do not guarantee payment. Therefore, payment of your account is your responsibility, regardless of the amount your insurance company reimburses or after your estimated copayment is made.

Sinking Spring Family Dental, LLC charges \$20 for returned checks.

**Appointment Changes/Cancellations/No-Shows:**

Sinking Spring Family Dental, LLC asks for at least 48 hours notice for any appointment that cannot be kept.

We try faithfully to respect your valuable time by seating you promptly, unless we have been delayed by emergency patients. We ask that you regard our time and provide us the same courtesy. We hope you understand how difficult it is to fill a no show or late cancelled appointment. Please understand that receiving reminder phone calls, emails, and text messages is a courtesy – it is your responsibility – to remember your appointment.

There will be a fee charged (equal to 1/4 of the amount charged for the scheduled treatment) that is the sole responsibility of the patient, or parent/guardian of the child, if the appointment is cancelled or broken within 24 hours of the scheduled appointment time.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

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Patient, Parent or Guardian Signature

Date

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Patient Name (Please Print)

<sup>1</sup>Subject to credit approval <sup>2</sup>However, if we do not receive payment from your insurance carrier within 60 days, your account will automatically become "self-pay" and you will be responsible for payment of your treatment fees immediately and collection of your benefits directly from your insurance carrier.