



Financial Policy

At Aspen Creek Dental our goal is to provide patients with the highest dental care in a relaxed, comfortable and friendly environment. Before proceeding with any treatment all fees and financial arrangements will be discussed with you and all your questions will be answered. A dental treatment is an important decision so we take the time to ensure that you understand exactly what is being done, the benefits and the risks. Please take a moment to familiarize yourself with our financial policy.

INSURANCE

While we are contracted with some PPO plans, we accept all benefits as an out of network provider. Ultimately, you are responsible for payment of all fees for dental care rendered by our office.

METHODS OF PAYMENT

Payment is expected at time of service. We do accept benefit assignment but the patient portion is due at time of service.

How would you like to pay for your visit (please check one)

Cash Check Credit Card Care Credit Dental Credit Card

RESIN RESTORATIONS CONSENT (FILLINGS)

If I need restorations (fillings) on one or more of my posterior (molar or bicuspid) teeth, I consent to the use of resin (tooth colored) filling material. I am aware that my insurance may only pay the amalgam (silver) allowance for posterior teeth or may only charge a co-payment for this service. I agree to pay the additional amount for resin fillings.

I have read and understand the financial policy of Aspen Creek Dental.

Signature of Patient, Parent, or Guardian

Date