



Springhill Dental and Orthodontics
637 NW Hickory St #110, Albany, OR 97321
(541) 406 3500
springhilldentalalbany.com

FINANCIAL POLICY

Patient Name: _____

FIRST

LAST

DOB: _____

Thank you for selecting us as your dental home. We are committed to providing you the best dental care and payment towards your treatment is a part of your overall treatment. This document will help you with understand your treatment plan as well as your financial responsibilities and our policy.

Financial Agreement:

You are required to pay for our services at the time they are rendered. When scheduling treatment, a minimum of \$75 per hour is required for pre-payment. If your appointment is cancelled in less than 48 business hours, pre-payment will go towards cancellation fee. Our patients who have dental insurance are expected to pay the amount of their estimated co-pay and deductible for the services rendered at the appointment at the time of service. Payments may be made using cash, check, Visa, American Express,

We also offer 3rd party financing option that is available only for healthcare expenses. You may choose to go with a 3rd party financing of your choice as well, where payments are directly rendered to Springhill Dental and Orthodontics. We will mail monthly statements to all patients with outstanding balances. A 15% interest fee will be added to patients account 60 days past due.

Please check to initial: ☐

Payment Options for General Dentistry Services:

1) Save Money Option: 5% discount only for clients with no insurance.

2) Extended Plan: Depending on your credit history, we offer easy affordable payment plans from 6 months to 12 months through 3rd party financing, which we can help set up in our office.

Please check to initial: ☐

Appointments:

In order to serve you better and keep the cost of dental care down, we try to maintain an efficient appointment system. If you need to reschedule or cancel an appointment, we ask that you please provide us with at least 48 business hours notice via phone call, email, or text. Canceling an appointment with less than a 48-hour notice is considered a failed appointment and the cancellation fee must be paid prior to rescheduling appointment.

1st no show or less than 48-hour cancellation per year will be charged at \$50 per person per hour of scheduled appointment*

2nd no show or less than 48-hour cancellation per year will be charged at \$75 per person per hour of scheduled appointment

3rd no show or less than 48-hour cancellation per year will be charged at \$100 per person per hour of scheduled appointment

* year is considered anniversary year since your 1st appointment with our organization

Please check to initial: ☐

After-hours and Holiday Appointment:

Require full upfront cost paid at the time of making an appointment and \$100 emergency charge.

Please check to initial: ☐

Insurance and Dental Benefits:

At Springhill Dental and Orthodontics we try our very best to estimate your insurance benefits as accurately as possible. We work with the information provided by your insurance, but can't know what we are not told or given. Ultimately, insurance is billed by your dental provider as a courtesy, and it is the responsibility of the patient to know their benefits, such as waiting periods and eligibility, etc.

As a courtesy to our insured patients, we submit claims to your insurance company free of charge. We will do our best to help you to receive your maximum allowable benefits for recommended services. In order to do this, we need your insurance card and/or insurance policy with you on your first visit of every calendar year (your insurance year may not run January-December). In case your insurance changes or lapses please inform us

Important to Note: Clinical care and diagnosis is not based on insurance coverage but on patients clinical findings, treatment needs and future risks. Please understand dental benefits do not and should not dictate quality and value of dental care!

If your insurance has not paid within 60 days of the services rendered, you are responsible for the balance on your account. After 60 days the patient is responsible to pursue payment from the insurance company. All current documentation can be provided by mail or in-person pick-up to assist with your inquiries.

For any disputes arising and involving collections, all legal fees and other fees involved are the responsibility of the responsible party.

Please indicate your understanding and acceptance of these financial and scheduling policies by signing below. For the mutual convenience of you and the practice, it is understood that this executed copy of the Financial Policy also shall cover your dependent children who are patients of the practice. We work with the information provided by your insurance, but cannot verify or guarantee what we are not told or given. Ultimately, insurance is billed by your dental provider as a courtesy, and it is the responsibility of the patient

Please check to initial: ☐

Patient/Guardian Signature:

Date: 09/16/2025
