

SPRINGBROOK FAMILY DENTISTRY

FINANCIAL POLICY

Payment will be collected at the time service is rendered. The following methods of payment are accepted:

Check, Cash, Visa, MasterCard, Discover, American Express and CareCredit (balance must be over \$500.00).

Any balance not paid in full within 30 days will be charged interest at a rate of 1.5% per month unless prior arrangements have been made.

A returned check fee of \$35.00 will be added to your account for any returned check. Before we accept another payment by check, the \$35 fee plus full payment for the check that did not clear must be paid in cash or credit.

If you need to reschedule your appointment please call us with a minimum of **24 hours' notice**. Appointments missed/cancelled without adequate notice are subject to a **\$35 cancellation fee**.

I understand and accept Springbrook Family Dentistry's Financial Policy.

Patient Name: _____

Patient Signature: _____

Date: _____