SPECTRUM DENTAL
AND PROSTHODONTICS

Financial Policy

Thank you for choosing Spectrum Dental and Prosthodontics to provide your dental care. It is our goal to provide the finest quality dental care to our patients and their families. Your understanding of our office policies is important to our professional relationship.

Required at each visit:

- Provide current personal information at each visit
- Provide current insurance card
- Payment of any outstanding balances
- Payment for today's visit

Hygiene Cancellation Policy

- Any hygiene appointment that is a no-show, cancelled or rescheduled with less than 24 hours notice will be subject to a $75 cancellation fee

Insurance Plans:

Your insurance plan is a contract between you, your employer, and the insurance company. We are not a party to that contract. While the filing of insurance claims is a courtesy that we extend to you, all the patient charges are your responsibility from the date that the services are rendered. We do require that you pay the estimated charges in full at the time of service. We will bill your insurance for their portion of payment, and any overpayment will be refunded to the responsible party. Also, additional payment needed after the collection of insurance or denial of insurance benefits will be billed to the responsible party and are due 30 days from the statement date.

Methods of Payment Accepted:

- Cash/Check, Credit Cards – We accept Visa, MasterCard, Discover and American Express
- Financing Available – Lending Club and CareCredit – Please ask us about the options available to create a plan to complete your dental treatment. Please ask us if discounts may be available.

Would you like to receive statements via e-mail or through USPS? If you prefer e-mail statements, please indicate which email address you would like us to use. E-mail___ USPS_____

E-Mail_____

Thank you,

Bradley Purcell DDS, MS
Ryan Mizumoto DMD, MS

Mohamed Abdelhamed BDS, MS

Signature _____ Date_____