

OUR FINANCIAL POLICY

At Aspen Springs Dental Centre, we are committed to providing you with the most cost effective option to achieve the best result for the treatment of your choice.

Our fees

We follow the current fee guide that is set by the Ontario Dental Association on a yearly basis. This keeps our fees at a reasonable level and in line with industry standards. The cost of your treatment may vary depending on your individual needs and treatment plan. We will discuss the cost of your treatment, and each of your available payment options, so that you are able to make the best choice for you and your family. We accept most major credit cards, debit cards, cash and cheques.

Payment options for patients with insurance

Ultimately, all patients are responsible for full payment of their dental procedure. As a courtesy and added service to our patients, we can file and submit insurance claims on their behalf and bill their insurance company directly. By doing this, patients don't have to pay the insurance portion of their treatment cost at the time of their appointment. We collect this portion from the insurance company directly. However, the patients are responsible for any fee difference, deductible and any other costs that are not covered by the insurance company. We ask for this portion to be paid at the time of the appointment.

Payment options for patients without insurance

Your oral health and your smile are yours forever, and we want to make it as easy as possible for you to receive the best dental care in the most cost effective way. Besides accepting most major credit cards, debit cards, cash and cheques, in many cases we can also work out a monthly payment plan that meets your needs and makes the cost affordable to you and your family. Please ask us about our payment plan options and chose the one that works best for you.

I _____ have read and understood the Financial Policy of Aspen Springs Dental Centre as outlined above. I agree that whether I have dental insurance or not, I am ultimately responsible for the cost of my dental treatment and that of all my dependent family members.

Patient's Signature

Aspen Springs Dental Centre Staff 's Signature

Date _____



A LIFETIME OF SMILES

Aspen Springs
DENTAL CENTRE

1 Hartwell Ave., Suite 300
Bowmanville, ON L1C 0N1
Phone: 905-623-3133

Email: info@aspenspringsdental.com
Website: AspenSpringsDental.ca