

Your Aspen Dental practice is committed to providing exceptional service and treatment that addresses both your short- and long-term needs. With our Peace of Mind Promise™, we make it easier for you to get the care you need at affordable prices—no hidden fees, no surprises.

1. A Clear, Written Estimate on your Cost of Treatment

Your dentist will provide you with a comprehensive treatment plan based on your overall health. You'll also receive a clear, detailed estimate of the cost of your plan, including your estimated insurance benefits. If you have questions regarding your insurance coverage, please contact your insurance company.

2. Payment Policy

Full payment of what you owe (called the Patient Financial Responsibility amount, as noted in your Treatment Acceptance and Payment Arrangement Form), is due when services are rendered. We accept cash, personal checks, Visa®, Master Card®, American Express®, Discover®, assigned insurance benefits, and select third-party financing programs.

3. Refund Policy

If you are reconsidering treatment you have not yet received but have already paid for, you may cancel treatment and request a refund at any time for the amount you paid. Note: Crown and bridge patients are responsible for the full cost of their treatment plan once preparation of your teeth has begun. Invisalign patients are responsible for the full cost of all laboratory costs and scan fees once fabrication of your aligners has begun.

Your refund request will be handled as follows:

- **Original Form of Payment:** Refunds will be applied to the original form of payment, with the exception of cash payments, which will be refunded by check.
- **New Patients - 7 Days of Inactivity:** If you are a new patient who hasn't had any treatment performed, has no scheduled appointments, and has a credit balance on your account, you will automatically receive, after 7 days of inactivity, either (a) a notice that you are entitled to a refund if you paid by cash or check, or (b) an automatic refund to your original form of payment if you paid by credit card or with third-party financing.
- **60 Days of Inactivity (*Massachusetts patients see below):** Credit balances on accounts after 60 days of inactivity will be automatically refunded to the original form of payment, with the exception of cash/check payments, which will be notified by letter.
- **Partial Denture Patients – 180 Days of Inactivity:** Credit balances existing on accounts after 180 days of inactivity will be automatically refunded to the original form of payment, except cash payments, which will be refunded by check.

* **Massachusetts Patients:** Credit balances on accounts after 45 days of last deposit with no future appointment will be automatically refunded to the original form of payment, with the exception of cash/check payments, which will be notified by letter. Credit balances on accounts of denture patients after 45 days of inactivity will be automatically refunded to the original form of payment, except cash/check payments, which will be notified by letter.

Timing of Refunds

Cash/Check: After receiving your refund request, we will confirm that your payment has cleared the bank (which may take up to 15 business days). Once cleared, you will be issued a refund check within 10 business days (5 business days for Massachusetts patients).

Credit Card/Third-Party Financing: Refunds will be issued to the form of payment within 3 business days after receipt of your refund request. Refunds for credit card payments may take up to seven (7) business days.

Three Ways to Request a Refund

- Contact your Aspen Dental office
- Email a refund request to: refundrequest@aspidental.com, or
- Mail a refund request to:

Aspen Dental Management, Inc.
Attn: Refund Processing
P.O. Box 13126 Syracuse, NY 13220

For more information on refunds, visit: <https://www.aspendental.com/pricing-offers>

4. Dental Insurance

If you have dental insurance, your insurance claim will be processed as follows:

- In Network: If your dentist is a participating provider in your insurance network, you will be billed according to the terms of your dentist's agreement with your insurer.
- Out of Network: If your dentist is not participating or in-network provider with your insurance plan, we will honor your carrier's in-network fee structure. If your insurance carrier will not accept your assignment of benefits to your dentist, you are responsible for the estimated insurance benefit.

Insurance Discounts: Insurance companies often negotiate discounts for services provided to their plan members. If you exceed your annual benefit limit the insurer's discounted rate may apply to additional services as a benefit to you.

5. Third-Party Financing

Your Aspen Dental practice accepts payment from non-affiliated, third party finance companies. Credit decisions are the responsibility of these third-party finance companies. You may choose to pay all or a portion of your treatment using approved third-party financing products.

6. Patient Satisfaction Inquiries

If you have an issue that cannot be resolved by your office team, please contact the Patient Satisfaction Hotline at 1-844-296-0187 or patientservices@aspidental.com.

7. Patient Communication

We'd like to keep in touch regarding your upcoming appointments, treatment plan, and treatment status. By providing your email address, phone number, and mailing address, you are giving Aspen Dental permission to contact you through one or all of these communication methods. Note that email and text messaging is not secure and there is a risk that they could be read by a third party. By sharing your email or mobile number with us you are acknowledging that you are aware of this risk and agree to receive this type of communication. Aspen Dental will limit the type of information in the messages. To opt out of communications, call our Patient Satisfaction Hotline at 1-844-296-0187.

Disclosures

About ADMI

There is no single provider of dental care called "Aspen Dental." Aspen Dental Management, Inc. (ADMI) provides administrative and business support services to dental practices that are independently owned and operated by licensed dentists. ADMI licenses the "Aspen Dental" brand name to the independently owned and operated dental practices that use its business support services. ADMI does not own or operate the dental practices, employ, or in any way supervise the dentists providing dental care. Control over the care provided is the sole responsibility of the independent practice and the dentists employed. Services and office practices may vary across dental practices. Patients should contact their dental office directly for all questions concerning their dental treatment.

West Virginia/Missouri only

Retain Original in Patient's Chart Disclosure Pursuant to:

Mo. Code Regs. Ann. tit. 20 S 2110-2.110(10) W.Va. CSR S 5-8-4.5

Your Aspen Dental practice may occasionally offer free services to some or all of its patients. If you received a free service, you have the right to refuse to pay or to demand reimbursement for any other services provided to you within 72 hours of the free service unless you request additional service(s) at the time the free offer is provided. If this applies to you, please read the following and sign where indicated.

I hereby acknowledge that I have received a free service, examination, or treatment and further acknowledge that I am requesting additional service(s) to be provided to me at the time of the free service, examination, or treatment, as provided in the documentation provided to me after my examination.

Signature: _____ Date: _____