WHITE STREET SMILES
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FINANCIAL POLICY

The following is a statement of our Financial Policy which is provided to clearly define our office procedures regarding payment for dental services. We are committed to providing you with the best possible care. If you have dental insurance, we will do everything possible to help you receive your maximum allowable benefits. Thank you for choosing our office as your dental care provider.

Patient payment obligations are due in full at the time of service unless you have made payment arrangements in advance with our front desk staff.

Each month, you will receive a statement which, by law, is DUE AND PAYABLE WITHIN 30 DAYS OF SERVICES RENDERED. If payment is late due to circumstances beyond your control, you must call our office to make special arrangements. Failure to communicate an overdue account without pending insurance or financial agreement will result in your account being turned over to a Collection Agency. The patient is responsible for all fees/costs associated with Collection procedure and will not be accepted back to our office after an account has gone to Collection.

INSURANCE - You will be required to show a copy of your insurance card at the time of service. IT IS YOUR RESPONSIBILITY TO PROVIDE US WITH ALL THE REQUIRED INSURANCE INFORMATION. If we are unable to verify your insurance coverage, you are required to pay for your services when rendered. It is also your responsibility to update us with any changes. This must be done within five (5) days of services rendered.

All insurance companies have different payment policies. Your insurance policy is a contract between you and your insurance company. As a courtesy to our patients, we will submit a claim to your insurance company. You will be required to pay estimated out-of-pocket expenses and deductibles at the time of service. The out-of-pocket portion due is only an ESTIMATE and you will be billed for any remaining balance due in thirty (30) days. Please be aware that some, and perhaps all of the services provided may be NON-COVERED SERVICES. It is your responsibility to know your coverage.

MINOR PATIENTS – The law states that the parent seeking or authorizing dental treatment is responsible for paying the bill. Any legal agreement between the parents has nothing to do with this practice. If payment for services is to be paid by someone else, the parent or guardian with the child should pay and have the other party reimburse him/her.

MISSED APPOINTMENTS – Please call our office as soon as possible if you must cancel or reschedule an appointment. If an appointment is missed without notifying us 24 hours prior to your appointment (NO SHOW), you may be charged a $25 - $75 broken appointment fee. It will be up to the discretion of the doctor for the first missed appointment. If the second appointment is missed without 24 hours notification, the fee will need to be paid prior to making your next appointment.

Thank you for reading our **FINANCIAL POLICY**. We will be happy to answer any questions you may have. We believe communication with our patients is very important. Please do not hesitate to speak to our front desk staff.

I HAVE READ AND UNDERSTAND THE FINANCIAL POLICY. I GUARANTEE PAYMENT OF ALL CHARGES INCURRED FOR THE ACCOUNT OF THE PATIENT NAMED BELOW. I FURTHER AGREE TO PAY ANY ATTORNEY FEES, COURT COSTS AND RELATED COLLECTION FEES INCURRED.

X

PRINT Patient Name | RESPONSIBLE PARTY SIGNATURE | DATE