

White Smiles Pediatric Dentistry

TRAVIS R. WHITE, DMD

Financial Agreement

How do you plan to pay for your dental treatment?

- Cash Debit/Credit Card (Visa, MasterCard, or Discover) Care Credit Medicaid

We are dedicated to making the cost of dentistry as small a problem as possible for our patients. You can help us to do this by understanding and following the guidelines of our Financial Policy.

White Smiles Pediatric Dentistry P.C. is a dentist-owned practice, not an insurance company. As a courtesy service, we will do everything we can to assist you in obtaining the maximum of your insurance benefits. ***However, the insurance is a contract between you and your insurance carrier; therefore, you are ultimately responsible for payment in full of your account. Please be aware if the insurance company does not pay within 60 days, payment in full is expected from you.***

We strongly suggest you call and verify with your insurance company that the services you will receive are covered. Please keep in mind that all insurance companies provide a disclaimer that states they are only giving general information when we call to check on your benefits.

We will submit your claims for you with your insurance company and estimate your portion of the services at the conclusion of your visit. We ask that you pay the patient estimated portion the day the service is performed. Any variance in the estimation will be billed to you once the insurance company has paid. **If your insurance (including Medicaid) is not active on the date of service you will be required to pay for all services provided, and our office will not be obligated to back bill insurance companies for services already completed.**

If you do not have dental insurance, we ask that you pay at the end of your visit for any services performed (we accept MasterCard, Visa, and Discover).

I understand that insurance companies pay on a usual and customary fee schedule and that the fees charged by the Doctor are the actual fees. I am responsible for all differences between the Doctor's fee and the insurance fee. **If my child has been referred by another dentist my insurance may not cover the cost of the exam, or x-rays due to plan limitations, and it is my responsibility to pay.**

There will be a \$25.00 returned check fee assessed to your account on all returned checks. Once an account becomes overdue (Net 30 Days from the date of invoice), a finance charge of 1 ½ percent per month (annual Percentage rate 18%) of the unpaid balance will be added monthly. Patients with accounts over 60 days will be sent to a third party collection agency. Should collection become necessary, the responsible party agrees to pay an additional 33% for collection fees, and all legal fees of collection, with or without suit, including attorney fees and court costs. Any outstanding bills need to be paid in full before being seen again. It is very important to avoid this.

When scheduling work for an oral and/or IV sedation I know my insurance will likely not cover this charge. ***The sedation fee is due in full along with all estimated dental co-payments/deductibles on the day of service.***

An Additional fee of \$25.00 will be applied to your account for cancellations with less than 24 hrs notice and failed appointments. This fee must be paid before being seen again.

Thank you for your continued confidence in *White Smiles Pediatric Dentistry*.

Signature _____ Date _____