

## FINANCIAL POLICIES

*Dr. Charles A. White*

Dr. White and staff are committed to providing you with the best possible periodontal and dental implant services. Please review our office financial policies so that you will have a clear understanding of how we expect payment for your services. If you have any questions, our office staff will be happy to assist you. We work hard to make you happy!

1. Our office is a fee for service office. Payment in full is expected on your initial appointment unless your insurance is “in network”. If you are eligible for an exam and radiographs with your ‘in-network’ insurance provider, you will only be asked to pay your portion for the services.
2. For any other insurance companies, we ask that you pay in full for the initial examination and radiographs (x-rays) on your first visit to our office. Dr. White will provide a written treatment plan with fees for all anticipated services following your initial examination. After the initial exam, patients with Delta Dental or Cigna will continue to pay only their portion of the covered services provided. After the initial exam, all patients with other insurance companies will only be asked to pay their portion of any covered service by their insurance company. A few insurance companies will only pay the patient. In this case, our office will collect in full for those services and the insurance company will reimburse the patient.
3. If you plan to use dental insurance to help pay for your periodontal therapy, you will be required to provide our office with the updated, necessary information to file claims.
4. If you have dental insurance, please read the following carefully:
  - a. Your dental insurance is a contract between you, your employer, and the dental insurance company. We are not a party to that contract and in no way do we control your dental benefits. Not all services are covered benefits in all insurance contracts. The covered benefits in your contract may or may not meet your dental needs. We will be happy to check benefits for you, but we do not have access to your individual policy. We try to be as accurate as possible with benefit estimates.
  - b. We are required to use specific dental codes. We cannot use inappropriate codes in an attempt to gain increased insurance benefits.
  - c. If your insurance fails to pay for services within 45 calendar days or 30 workdays, it is your responsibility to pay for the services in full and to contact your insurance company to discuss your dental benefits.
  - d. If you need to know precisely the amount of your out of pocket expense for therapy, we recommend submission of your treatment plan to your dental insurance to obtain an estimation of benefits (EOB). Without the EOB, we will estimate out of pocket expense but you may be subject to additional charges or credits once insurance benefits are received. You are responsible for any fees not paid by your insurance.  
**Insurance companies do not guarantee payment on any claim.**
5. We honor quoted fees for periodontal and implant services on treatment plans for 6 months.

6. We ask that you keep your appointments. We require more than 24 hours notice for appointment changes or cancellations for all non-surgical services. For surgical services, we require more than 7 days notice. Without adequate notice, you may be charged a cancellation fee.

Initials \_\_\_\_\_

7. We accept Visa, MasterCard, Discover and personal checks. We accept CareCredit and Lender's Club for financing of services. Patients may contact CareCredit at 1-800-365-8295 or visit [www.carecredit.com](http://www.carecredit.com) for more information. Lender's Club at 1-800-630-1663 or visit [www.lendingclub.com/dental](http://www.lendingclub.com/dental). Please call us anytime with any questions that you may have!

**-Dr. Charles A. White**

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Please sign and return this form the day of your initial examination.  
We look forward to seeing you!