



## **Financial Guideline**

*Thank you for choosing us as your child's dental healthcare provider. We are committed to the successful treatment of your child. Please understand that payment of your bill is considered part of your child's treatment. The following is a statement of our Financial Guideline that we require you to read, agree to and sign prior to any treatment.*

*Payment is due at the time services are rendered. We accept cash, check, credit/debit cards and CareCredit. Please note that we are not contracted with any dental insurance companies. The contract is between you and your insurance company; however, as a courtesy to you we will be happy to assist you in the filing of your dental insurance. If we are unable to verify insurance benefits or if your insurance company reimburses you, the subscriber, rather than Dr. Halley White, the provider, you will be expected to pay in full for your child's visit on the day of service. Please understand we can only **estimate** your portion not covered by insurance. If your insurance has not paid within 30 days of your child's visit you are responsible for the remaining balance. If your child's insurance pays more than expected we will quickly send you a refund. It is also your responsibility to inform us of any changes in your child's insurance coverage.*

*There will be a \$25.00 service charge on all returned checks. In the event of a returned check, the service charge and balance must be received within 5 days of notification to prevent legal action.*

*All accounts with an outstanding balance after 60 days of treatment being rendered will be assessed a non-refundable finance charge of 1.5%.*

*We would like to take this opportunity to welcome your child to our practice and thank you for choosing us to provide them with excellent pediatric dental care. We appreciate your trust in us and look forward to helping you keep your child's smile bright.*

### *Checklist to better assist you in preparation for your child's first visit with Dr. White:*

- Be sure your child is currently eligible to receive dental benefits with your dental insurance policy. It may be necessary to add a child if there have been any changes to the policy or the policy is new.*
- PLEASE bring a current dental insurance card. Some plans do not issue a card; therefore we will need the social security number and birth date of the person (subscriber) who carries the policy.*

*I have read, understand and agree to the provisions of this Financial Guideline:*

*Signature: \_\_\_\_\_ Date: \_\_\_\_\_*  
(Signature of Person Financially Responsible for Account)