

**FINANCIAL/OFFICE POLICY FOR WHITE BIRCH ORAL SURGERY**

We are committed to providing you with the best possible care. Our professional fees can be discussed with you at any time. Your understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our financial policy, fees or what your responsibility is. **All patients must complete and understand this form before seeing the doctor.**

- *Full payment (or co-pay) is due at the time of the visit. We accept cash; check Money Order, Visa, Mastercard, Discover, AMEX and Care Credit.*
- *Any balances at or over 30 days are subject to a \$10.00 late fee. This fee will continue to be added every 30 days with each missed or late payment.*
- *Balances over 120 days are subject to an outside collection effort, and White Birch Oral Surgery is entitled to recover, to the extent permitted by applicable law, collection costs, including a collection fee charged by the third party collection agency in the amount of 35% of the patient's outstanding principal obligation.*
- *Returned checks will be assessed a \$25.00 returned check fee.*

**Insurance Policy**

If you have insurance, we will assist you to receive maximum benefits but we do not guarantee any information we are given from your insurance company. It is you, the patients, responsibility to call and know what your benefits are and to know if you have used any of your maximum. We require your co-payments to be paid at the time of service. **The balance is your responsibility whether your insurance company pays or not.** Pre-estimate of benefits is never a guarantee of payment by your insurance company. At the time of your appointment, please let us know of any insurance changes you may have had since your last visit.

Your insurance policy is a contract between you and your insurance company only. We are not a party to that contract. In the event we do not accept assignment of benefits, we require payment in full by the patient. If your insurance company has not paid your account in full within 30 days, the balance will be the responsibility of the patient. Some or perhaps all of the services provided may be "non-covered" or are not considered "reasonable and customary" under your dental plan. These services are then the responsibility of the patient. You are also responsible to know what our maximum benefit is and how much you have remaining at the time of your visit. Due to privacy policies we are unable to track your benefits and cannot find out if benefits have been used elsewhere, therefore we are not responsible for any unpaid claims.

If you have a dispute over a balance because your insurance company did not pay in accordance with any kind of pre-authorization, please understand that this dispute is not with our office but is with your insurance company. This balance is due in full within 30 days of your first billed statement. We will continue any proceedings needed to collect this balance and are entitled to recover collection costs.

**No Insurance Policy**

Adult patients or the parent/guardian accompanying a minor are required to pay the full amount at the time of service. For unaccompanied minors, non emergency treatment will be denied unless charges have been pre-authorized. We do not have an in office payment plan.

**I authorize that I have read the entire financial policy and I understand and agree with it.**

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_