

FINANCIAL POLICY

White Pearl Dentistry is committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, Financial Policy, or your responsibility.

- **ALL PATIENTS MUST COMPLETE OUR “PATIENT INFORMATION FORM” BEFORE SEEING THE CLINICIAN.**
- **FULL PAYMENT IS DUE AT TIME OF SERVICE.**
- **WE ACCEPT CASH, CHECKS, VISA, MASTERCARD AND CARE CREDIT.**

ADULT PATIENTS

Adult patients are responsible for payment at the time of service.

MINORS ACCOMPANIED BY AN ADULT

The adult accompanying a minor, his/her parent or guardian, are responsible for payment in full at time of service.

UNACCOMPANIED MINORS

The parents or guardians are responsible for full payment at the time of service. Non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, or to Visa, MasterCard or Care Credit.

INSURANCE

WPD provides insurance company billing as a *courtesy* to our patients. The patients portion of particular dental service(s) is estimated and due at the time of service. This amount may be subject to adjustment when the dental service(s) claim(s) are adjudicated by the insurance company. In addition, certain insurance companies have annual limitation for the amount of dental services that can be reimbursed within each year plan. If you or your family exceed these annual limitations in any plan year, you will be responsible for monitoring the amount of his/her remaining benefits for any annual benefit period. The patient may not rely upon any information provided by WPD staff regarding his/her remaining benefit in any such benefit period.

The claims we submit to insurance companies indicate that you have assigned those benefits to WPD. However, if you are paid by the insurance company instead of WPD, you then become responsible for the maximum benefits available.

If you or your family has more than one dental insurance program, we will assist you in obtaining the maximum benefits available.

You as a patient are always responsible for any charges that are not covered by your insurance.

MISSED APPOINTMENTS

Please help us serve you better by keeping your scheduled appointments and get your needed dental work done. Your scheduled time is reserved especially for you, changes in the schedule affect our work, staff and other patients.

We respect our patient's time and we don't believe in charging them any fees for their missing appointments as we're sure they will respect our time and do their best to show up for their appointments.

We understand that sometimes it might be difficult to keep your appointment. Please if you want to reschedule your appointment, we'll appreciate a call as early as possible (at least 48 hrs in advance).

Thank you for your understanding.

Please let us know if you have any questions or concerns.

Responsible Party Signature _____ *Date* _____