

Calvin R. White Jr. D.D.S. PC  
4101 Route 17 Yorktown, VA 23692

## Financial Policy

**Please read the following and sign on both pages. Thank you**

Welcome! Thank you for selecting us as your dental health care providers. Our goal is to provide you and your family with optimal dental care. We want you to feel welcome and as comfortable as possible throughout our relationship. We encourage you to ask questions and be involved in treatment decisions. This includes your treatment plan as well as our financial policy.

### **Financial Agreement:**

Patients are expected to pay for our services at the time they are rendered. Our patients who have dental insurance are expected to pay the amount of their estimated co-pay and deductible at the time of service. We also realize that temporary financial situations may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. Please note, you will be responsible for any finance, legal, or collection fees if the balance becomes over 90 days delinquent.

### **Payment Options:**

Payments may be made using cash, Visa, Mastercard, American Express, and/or Discover. We offer a 5% accounting courtesy for all services over \$500 that is paid in full prior to the commencement of services. We will mail monthly statements to all patients with a balance.

### **Appointments:**

In order to serve you better and keep the cost of dental care down, we try to maintain an efficient appointment system. However, the cost of providing care increases greatly when people fail to keep scheduled appointments or cancel with little notice. We require at least 24 hour notice for any cancelled appointment. There is a \$25 missed appointment fee for all failed appointments with less than 24 hour notice. This fee will apply to each hour cancelled. After more than 3 missed appointments or 3 or more appointments cancelled in less than 24 hours, the patient may be dismissed or placed on a quick call list. This means we will notify you when an appointment time becomes available on short notice. This gives you the opportunity to know if your busy schedule has an opening for a dental appointment within the next few hours.

X \_\_\_\_\_ Date: \_\_\_\_\_

**Responsible Party Signature**

**Please continue to the next page and sign.**

**Insurance Information:** Please remember a dental insurance policy is a contract between the policy holder and the insurance company. All dental plans do not cover the same services at the same payment schedule. Due to the large number of plans we deal with; we cannot assure you that any specific amount of any charge will be covered. As a courtesy to our insured patients, we submit claims to your insurance company free of charge. We need your insurance card and/or insurance policy with you on your first visit of every calendar year, or whenever your contract period renews. All insurance claims are subject to Processing Policies and Professional Review. There can be differences between your current policy summary we are given on the day of service and the final review of your claim. The final completion of processing by your insurance company will govern. All benefits are subject to deductibles, contract maximums and the member's eligibility on the date of service.

**Dr. White and our staff strive to diagnose treatment based on your dental health not your insurance coverage.**

**You must realize that:** Dental insurance isn't really insurance at all, it is defined as, "a payment to cover the cost of a loss." Dental insurance is a money benefit, typically provided by an employer, to help their employees pay for routine dental services. The employer usually buys a plan based on the amount of the benefit and how much the premium costs per month. Most benefit plans are only designed to cover a portion of the total cost of a person's necessary dental treatment. For example, a dentist may recommend a crown for a tooth that has extensive decay; however, the dental plan may only cover the cost of a filling. This does not mean that the patient does not need a crown, only that the benefit is limited to a filling.

If your insurance has not paid within 90 days of services rendered, you will need to make full payment to this office and will be reimbursed when your insurance company pays. After 90 days the patient is responsible to pursue payment from the insurance company. All current documentation will be provided by mail in order to assist your inquiries. **The insured has a better ability to deal with the insurance company and the employer responsible for the policy.**

For the mutual convenience of you and the practice, it is understood that this executed copy of the Financial Policy also shall cover your spouse and/or dependent children whom are patients of the practice.

I have read and understand the above financial policy and agree to the terms set forward by Calvin R White Jr DDS PC and Staff.

X \_\_\_\_\_ Date: \_\_\_\_\_  
**Responsible Party Signature**

X \_\_\_\_\_ Date: \_\_\_\_\_  
**(PLEASE PRINT) Responsible Party Name**

As always, we thank you for your patronage and support of our dental practice.  
Dr. Calvin R. White Jr. DDS PC and Staff