



White River Dental Hygiene, PLLC

- **Written Financial Policy**

Patient portion is due in full at each appointment unless other arrangements have been established. Returned check fees of \$25.00 will be applied to each returned check. As a condition of your treatment, financial agreements must be made in advance. If you choose to discontinue care before treatment is complete, any refund given will be determined upon review of your case. Any dental services performed without previous financial arrangements must be paid for at the time services are rendered. As a courtesy, we will file your insurance claims; however, we cannot accept responsibility for negotiating claims with your insurance company or any person. As the insured member, you are ultimately responsible for understanding your benefits structure, coverage limitations, and realizing that your insurance plan is a contract between your employer, the benefit provider and you. Please understand that verifying your dental insurance is not a guarantee of payment. Our office will provide treatment based on what is best for you, not what your insurance will cover. You are responsible for your total obligation should your insurance benefits result in less than anticipated coverage.

Outstanding insurance balances remaining after 60 days are subject to being billed directly to you. You agree to be responsible for payment of all services rendered. It is our policy to turn unpaid accounts over to a collection agency when the accounts reach 100 days past due. In the event a legal suit or outside collections are necessary to enforce payment of the account, you agree to pay for all collection fees and/or attorney's fees and court costs as may be deemed reasonable.

- **Payment Options**

Cash, check, all major credit cards are accepted. We offer a 10% courtesy for those patients without insurance, we offer a 15% courtesy for those patients 65 years and older or couples, and we offer a 20% courtesy for families of 3 or more when dues are paid in full time of service. Payments made with a credit card will be subject to a 3% fee to cover credit card processing fees.

For comprehensive treatment plans that exceed \$250, a \$50 deposit is required to secure the appointment.

- **Late/Cancellation Policy**

At White River Dental Hygiene, we value your time. To ensure all patients receive quality care, we ask that you arrive at all appointments 5 minutes prior to your scheduled time. This allows us the necessary time to review your health history and any changes in your insurance benefits or contact information. If you arrive more than 10 minutes late, we may not be able to complete all the treatment that was scheduled. If it is necessary for you to cancel an appointment, please do so with a 24-48 hour notice.

- **Privacy Practice Policy**

I hereby authorize payment directly to White River Dental Hygiene/Kari Brennan from the insurance benefit provider otherwise payable to me. I grant the right to White River Dental Hygiene to release my dental history and other pertinent information about my dental treatment to third party payers.

I have read and understand all policies and have asked any related questions.

Patient Printed Name

Patient or Parent/Guardian Signature

Date