

## **Payment Policy**

In an effort to hold cost down, payment is due when services are rendered. We accept cash, check, and Visa, Master Card, Discover, and Care Credit for your payment convenience.

Lab related services such as crowns and bridges, partial and full dentures require payment of at least 50% at the preparation appointment and the remaining amount at the completion appointment. If you have insurance benefits on these services, you must pay  $\frac{1}{2}$  of your portion at the start date and the remaining  $\frac{1}{2}$  when the service is complete.

I understand if I am given an estimate of what my procedure will cost from either White Oaks Dental staff or my insurance company, it is only an estimate and may not reflect the total amount owed by me. I also understand that ultimately it is my responsibility to know what my insurance company will pay for a service. I understand that I am responsible for all payment obligations arising from my dental treatment and guarantee that I will pay these services in full.

As a courtesy to our patients who have dental insurance coverage, we will be happy to file your claim. Your deductible and co-payment are due at the time of service. If there is more than one dental insurance coverage, a claim to the secondary insurance carrier will also be filed for the patient. The remaining balance after the dental insurance payment (s) is the patient's responsibility. That payment is expected within 14 days.

Payment plans are available through care credit on a case-by-case basis.

Accounts 60 days past due will be turned over to the collection agency unless payment arrangements are made.

I have read and understand this payment policy.

Patient Name (Print)	Patient Signature	<mark>Date</mark>
Legal Guardian/Power of Attorney Consent		
Name of Legal Guardian/POA (Pr	rint) Signature of Legal Guard	ian/POA
		 Date