

## Gentle Family Dentistry and Orthodontics

**Dr. Sage L. White D.D.S., F.A.G.D., P.C.**

**Dr. Trevor S. White D.D.S.**

### **OUR FINANCIAL POLICY**

We are committed to providing you with the best possible care and 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 doctor
- FULL PAYMENT IS DUE AT THE TIME OF SERVICE
- We accept cash, checks and all major credit/debit cards
- Financing is available for Orthodontic treatment and extensive dental treatment plans

**Minors Accompanied by an Adult:** The adult accompanying a minor is responsible for full payment at the time of service, unless prior arrangement has been made

**Unaccompanied Minors:** The parents or guardians are responsible for full payment. Non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit card, or paid by cash or check at the time of service

**Regarding Insurance:** If you have insurance, we would like to help you receive maximum benefits. On your first visit we may accept your insurance if we have verified your benefits prior to your appointment. If you have not provided your insurance information, your insurance has changed or we are unable to complete your verification, you may be responsible for the full fee until such time as we can collect any benefits in your behalf. **If your insurance has not paid within 45 days, you will have 15 days to pay your balance.** Late payment charges are added to unpaid accounts after 60 days from the date of service. If your insurance pays more than the balance due, we will credit your account and issue a refund check promptly.

Insurance is a contract between you and your insurance company. We will file insurance claims AS A COURTESY for our patients. We will NOT become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, etc., other than to supply factual information as necessary. YOU are responsible for the timely payment of your account.

**By signing below, I agree that payment in full is due at the time of service and that if for any reason there is any outstanding balance, it will be considered delinquent within sixty (60) days from the date of service. If payment in full is not made as required, then in addition to all other amounts that may be due, I agree to pay a collection fee of up to 40% of the principal amount as provided by 12-1-11 of the Utah Code Annotated, and further agree to pay all other costs of collection (whether incurred by Gentle Family Dentistry and Orthodontics or it's assigns) including but not limited to court costs, reasonable attorney fees, and interest (both pre- and post- judgment.) Any interest due hereunder shall be calculated at a rate equal to 18% per annum and may, as determined by Gentle Family Dentistry and Orthodontics or its assigns; (a) accrue on some or all amounts due and (b) compound as frequently as daily—meaning that accruing interest may be added to the balance owing as frequently as daily such that it shall there after constitute part of the amount upon which interest accrues during the next accrual period.**

**I hereby consent to being contacted by telephone at any number (including but not limited to wireless/cellular phone numbers) provided to Gentle Family Dentistry and Orthodontics by me or anyone associated with me or acting on my behalf. I understand and agree that such calls may be initiated by Gentle Family Dentistry and Orthodontics or any of its affiliates, agents, contractors or assigns, including, but not limited to billing companies and/or third party collection agency(ies) and that the methods of contact may include using pre-recorded/artificial voice messages and/or the use of automated dialing device and/or the use of text messages – some or all of which may result in data charges. I also consent to receiving e-mails under the same terms at any e-mail address provided by me or anyone associated with me or acting on my behalf. In granting each and all of the foregoing permissions, I understand that I am responsible for ensuring my own level of privacy.**

Revised: 8/30/2019

Signed: \_\_\_\_\_ Date: \_\_\_\_\_