

## Skylake Dental | Mark Weiss DMD PA & Shirley Kleiner DDS PA

### Financial Policy

First we would like to thank you for choosing us as your dental care provider. Our office is committed to providing you with the best quality care. Please understand that payment of your bill is a part of your treatment, so we have provided you with our Financial Policy and we are asking you to please read and sign prior to any treatment.

#### Payments

We do accept the following forms of payment: Cash, Check, Visa, MasterCard, Care Credit, American Express, Discover and Citi Health Card. Payments are due at the time of services unless prior arrangements have been made with the financial coordinator.

If crowns, bridges, dentures, partial dentures are to be fabricated by a dental laboratory, a 50% deposit will be required at the time of the first appointment of the preparation. The remaining balance will be due and payable at the time that the prosthesis is delivered. Implant cases requires a 50% deposit at the consultation appointment to cover the materials needed for the procedure, the balance is due and payable in full prior to or on the day of the procedure appointment.

The parent that accompanies the minor child/children to the appointment is responsible for any payment due. For unaccompanied minor, non-emergency treatment will be denied unless charges have been preauthorized before the appointment date or previous arrangements have been made with the financial coordinator.

Returned checks to our office from your financial institution will assess a \$35.00 returned check fee. This covers the processing fees that are charged to our office.

#### Broken/Failed Appointments

We trust that our patients will adhere to the dental appointment that we have reserved specifically for you. Because we strive on quality care for our patient's it is very important that the patient keep and be on time for their reserved appointment. We know there are times that an emergency situation may arise and is beyond your control; however our office requires a twenty-four (24) hour cancellation notice so that we are able to reserve the open slot to someone else. A fee of \$85.00 will be applied to your account for last minute cancellations or failed confirmed appointments.

#### Insurance

Your insurance policy is a contract between you and them; we are not a party to that contract. In the event we do accept assignment of benefits and your insurance company has not paid your account in full within 60 days, the balance may be transferred to your account. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and customary under the terms of your insurance policy. Our practice is committed to providing the best treatment for our patients and we charge what is the usual and customary for our area; therefore the patient is responsible for payments regardless of any insurance companies' arbitrary determination of usual and customary rates.

Please present all of your insurance information before services are provided so that we are able to verify it. Insurance claims will be filed on the date of service and cannot be back dated under any circumstances. If secondary insurance is involved we will file it after your primary insurance has paid. You will be responsible for your guesstimated portion as well as any deductible that applies at the time of service.

We realize that temporary financial situations may affect timely payment of your account. If such problems arise, we encourage you to contact us promptly. If your account remains in a delinquent status, it will be sent to a collection agency at which time the patient/guarantor will be responsible for all collections and attorney fees as well as court cost.

Thank you for understanding our Financial Policy and please let us know if you have any questions or concerns.

I have read the Financial Policy and given the right to retain a copy. I understand and agree to all terms of this Financial Policy.

Signature of Patient or Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_