

SKYLINE DENTAL

OFFICE POLICIES

Please review and sign at the bottom, acknowledging that you were informed of these policies.

FINANCIAL POLICY

In the interest of good dental care practice; it is desirable to establish a credit policy to avoid misunderstandings. Our primary responsibility is to help our patients experience good dental health and we wish to spend our time and energy toward that end. To assist our patients, we offer the following methods for taking care of their account at our office:

- We offer a 5% discount, when you pay by cash or check on the day of service.
- We accept credit cards (Visa, Mastercard & Discover), but no discount will be given as we pay a credit card user fee.
- As a courtesy, we will gladly bill your insurance when you provide us with the current information and any necessary forms. Often times we are able to contact your insurance provider prior to your appointment, and estimate your portion of the bill. We ask that you either pay your portion of the bill at the time of service, or that a suitable written financial agreement be reached at the time of service. Even though you may have an insurance claim pending, you will receive a monthly statement for the outstanding balance on your account. We cannot accept responsibility for collecting an insurance claim after 60 days or for negotiating a disputed claim. Insurance policies are a contract between you, your employer and the insurance carrier. You are ultimately responsible for payment of your account.
- For patients who qualify, we offer various payment plans through a third party Financing Company. There are numerous payment options that will fit comfortably in almost any monthly budget. These companies offer a revolving line of credit that can be used by the whole family for ongoing treatment without having to reapply. There are no upfront costs, pre-payment penalties or annual fees to our patients.
- We may offer a very simple payment plan to patients of record who have demonstrated a one to two year history of good credit at our office. We do charge interest (1.5% per month) similar to a credit card, on all accounts which we are asked to carry. The maximum amount of credit we may offer you is six (6) times the amount of your chosen monthly payment. For example, if you choose to make monthly payments of \$100, we would offer you and your family treatment up to \$600. We would need to halt treatment on a temporary basis, when you come near or exceed the credit-limit that you had set for yourself. On major restorative or cosmetic work such as crowns, veneers, bridges, implants or dentures; you would be asked to pay half the cost of the treatment at the time of service.

FAILED OR CANCELLED APPOINTMENTS

We kindly ask that patients give us 24-hour notice, if they are unable to keep an appointment. There will be a \$25 *minimum* charge for failed appointments. The length of time reserved and the number of prior failed appointments determines your charge. We will not offer appointments to patients who fail multiple appointments without having given us proper notice. You may leave a message on our after-hours message phone, if you find out that you are unable to honor an appointment after our office has closed for the day.

ESTIMATES AND FEES

After x-rays and examination, you are entitled to and should ask for an estimate of fees to cover your treatment. All estimates are based upon conditions viewed at the time of diagnosis; unforeseen circumstances, such as pulpal therapy or cracked teeth could alter an estimated fee. It is customary to pay for dental services when they are rendered. Except in extreme emergencies, financial arrangements are made before treatment is rendered. There is a service charge on all unpaid accounts.

DELINQUENT ACCOUNTS

Delinquent accounts which have to be turned over to a Credit Reporting Collection Agency will have their balances increased 50% to cover the expenses associated with the Collection Agency. In addition to these collection agency expenses, delinquent accounts are also liable for Attorney fees and court costs associated with the collection of the debt.

NOTICE OF PRIVACY PRACTICES (HIPAA)

A laminated copy of our office Notice of Privacy Practices (HIPAA) is available in our office and on our website. Upon your request, we will be happy to provide you with your own personal copy of our Privacy Practices.

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Please let us know if you have any questions or concerns about any of our Office Policies; otherwise please sign below:

Patient or Responsible Party **Signature** _____ Date _____