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FINANCIAL ARRANGEMENTS FOR ORTHODONTIC TREATMENT

Financial arrangements include an agreement as to the amount of down payment and the number and amount of monthly payments. A down payment is required one week before the appliances are placed. The remaining balance is divided into monthly payments, not to exceed the number of months the patient will be in treatment.

PAYMENTS ARE MADE MONTHLY AND ARE NOT RELATED TO THE DATES OF VISITS

Payment coupon books will be issued to facilitate your budget plan. To insure credit to your account, please return the monthly coupon with your payment by the required date.

INFORMATION FOR PATIENTS WITH INSURANCE COVERAGE

An insurance form with the patient's portion completed is to be brought to the office when the records are taken. If you have two carriers, we will need a completed form for **EACH CARRIER**. After the consultation we will process the forms for predetermination of benefits. The amount stated on the predetermination is used to create your payment plan when treatment is started.

If you have two insurance carriers, the primary carrier is processed first. When that predetermination is received, we then process the claim to the secondary carrier with a copy of the primary carrier's information. Your payment plan will be created based on the coverage information received from both carriers.

The parent or guardian usually receives the same information from the insurance company as we do. This voucher states the **APPROXIMATE** amount of insurance coverage. Your payment plan will be created using the figure given to us by your insurance company. Should your coverage terminate prior to the completion of treatment or the amount of benefits change during the course of treatment, **you will be responsible for whatever portions of their estimate your insurance company does not pay.**

INFORMATION FOR PARENTS WITH NO INSURANCE COVERAGE

To assist those parents without dental insurance, a payment plan will be created, with the number of payments not to exceed the number of months of proposed treatment. A down payment is required one week prior to the first visit and you will receive a coupon booklet to use to make your monthly payments.

*******A FEE WILL BE CHARGED AT THE END OF TREATMENT FOR RETAINERS*******

A 5% COURTESY WILL BE EXTENDED FOR PAYMENT IN FULL AT THE FIRST VISIT.

****VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS AND CARE CREDIT ACCEPTED****

IMPORTANT: THIS ORTHODONTIC FEE DOES NOT INCLUDE ROUTINE DENTAL CARE, FILLINGS OR EXTRACTIONS NEEDED FOR ORTHODONTICS.

I understand and agree to the above.

Signature of Parent or Guardian

Signature of Parent or Guardian