

Talbot A. Sklar, D.D.S.

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OFFICE PAYMENT POLICY

Our office works closely with most insurance plans. We will be happy to do a complimentary benefits check for you when you come into our office for the first time. We will work with you and your insurance company to ensure that you receive the maximum benefits to which you are entitled. Our office will process your claims for you and if there is any portion for which you are responsible, a statement will be sent to you. Please ask for details at the front desk.

Dental insurance is intended to cover some, but not all, of the cost of your dental care. Most plans include coinsurance provisions, a deductible and certain other expenses which the patient is required to pay. Please check your benefits to familiarize yourself with your coverage-we cannot be responsible for knowing every plan for every patient. Some plans may cover certain procedures on a per calendar year basis, and others are very strict with frequency requirements and must have six or twelve months between procedures like exams, cleanings, fluoride treatments and x-rays. Our Doctors recommend treatment plans based on what is best for our patients, not what the insurance will cover. Your child deserves only the best care, and that is what we will provide. Reimbursement amounts are not, and never have been, a guideline for quality care. If you have any questions, please speak to the Doctor or any staff member.

Please be advised that there is a \$50.00 fee for any appointment broken without 24 hour prior notice. You will receive a reminder call and/or an email at least two days before your scheduled appointment. If you are unable to keep the appointment, please call as soon as possible to allow us to schedule another child in need of treatment. If you have any questions, please ask for details at the front desk.

If you do not have dental insurance, we ask that you pay for services when they are rendered with one of our many payment options. We accept Visa, Mastercard, Discover, American Express, Care Credit, bank debit cards, personal checks and cash. Payment arrangements can be made for your balance if necessary. You will be responsible for any charges incurred by our office should you have a check returned by your bank for insufficient funds or any interest charges or legal fees on any account turned over to our collection agency.

I have read, understand, and agree to the above.

Signature of Parent or Guardian (or Patient if over 18)