Mill Creek Dental Care

Timothy E. Skidmore, d.d.s., p.c.

PATIENT FINANCIAL POLICY

Welcome to our office! *We are honored that you have chosen us as your dental care provider and look forward to working with you. Our dental practice team is committed to providing an excellent dental care experience to you and your family and has implemented the financial policies outlined below to assist in that regard. These financial policies are followed by our practice so that we can stay focused on what we do best – provide you with personalized, comprehensive dental care services. Thank you in advance for you cooperation.*

General Payment Policy: Payment for all treatment is due at the time services are rendered unless other payment arrangements have been made with our staff in advance. Payment for services may be made by cash, check, Visa and MasterCard.

Insurance: As a courtesy to you, we will submit all insurance claims and necessary information to your insurance company for reimbursement. Our fees for service are the same for all patients, whether or not you have insurance coverage. Your insurance company may base its allowances on a fee schedule that may or may not coincide with our office fees. It is important to remember that most plans do not pay 100% of every dental visit. You will be responsible for any services that your insurance plan deems to be a non-covered service or any balance due after we have received payment from your insurance carrier. It is further understood that, since your insurance is a contract between you and your insurance company/employer, the practice cannot assume responsibility for coverage or other determinations made by your insurance company.

Extended Payment Plans: For larger multi-step procedures such as crowns and bridges we require 50% payment at the start of treatment and the remaining 50% upon completion. We also offer Care Credit for treatment plans in excess of $1,500. The practice has arranged special dental care financing programs with a third party financial institution. This special financing program was arranged to reduce the financial barriers for our patients in receiving optimal dental care treatment. Please ask your doctor or practice administrator for further information regarding this special financing program.

Returned Checks: If a check provide by you to the practice in payment for services delivered is returned due to insufficient funds there will be a $35.00 returned check fee added to the amount due.

Please indicate you understanding and acceptance of these financial policies by singing below. For the mutual convenience of you and the practice, it is understood that this executed copy of the Financial Policy also shall cover your dependent children who are patients of the practice.

Patient Name (Please Print): _____

Patient Signature: _____ *Date:* _____