

GREGORY P. SKINNER, DDS, PC
3548 Orange Ave., N.E., Roanoke, VA 24012

PAYMENT POLICIES AND OPTIONS

PATIENT'S NAME: _____

It is the policy of this office that all charges not covered by primary insurance are to be paid at the time of service. This includes all deductibles and co-payments, all charges for procedures not covered under your particular insurance plan, and all uninsured charges.

A great smile is a priceless asset! In an effort to make having and keeping that smile affordable for all our patients, we offer the following payment options:

- Cash
- Personal Checks
- Credit cards (we accept all major credit cards)

*Because we do not have the ability to check or guarantee
the credit status of individuals, this office does not
and can not offer personal financing.*

Patient with Dental Insurance: As a service to our patients, we file primary insurance claims. You are responsible for understanding your individual insurance coverage – it is not the responsibility of this office to inform you of non-covered charges. Treatment is recommended to you based on necessity, and if you agree to treatment, you are responsible for the charges. If you have primary and secondary dental insurance, we will provide you with the necessary information so that you may file the secondary claim yourself. ***(There is a \$5.00 processing fee, if we process the secondary claim for you, for each claim or pre-estimate processed)*** Your insurance coverage is a contract between you and your insurance carrier. We will provide any necessary information requested by your insurance carrier regarding individual claims. We are not responsible, however, for whether or not claims are paid. Insurance claims not paid within 60 days will be considered delinquent. Finance charges will accrue. Please keep in mind that you are responsible for the payment, of all charges, whether or not covered by dental insurance. Also, even though you assign benefits to be paid to Dr. Skinner, some insurance contracts will only pay the subscriber under certain plans. In that case, all payment of services will be due at the time of treatment.

I have read and understand the information stated above. I agree to comply with these payment policies and options for the dental care of the individual named above:

Signature of Responsible Party: _____ *Date:* _____