

SKY Dental Office Policies

Patient Name _____ Date of Birth _____

Financial Policies/Insurance Information

Dental insurance does not normally provide full coverage of your dental bill. Your dental coverage is a contract between you and your insurance company, and while we will cooperate to the fullest in expediting your claim, you are ultimately responsible for your account. **Your portion of the bill will be due at time of service.**

If your insurance has not paid within 60 days from the date of service, you are responsible for prompt payment to the account. All costs of collections on the account, should collection procedures or small claims court become necessary, will be passed on to the patient and/or the responsible party

I understand that, due to any false information, I will be subject to criminal prosecution

Assignment of Benefits

I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to Sky Dental.

Cancellation Policy

We do require a two-business day notice for any appointment changes to avoid a **\$120 cancellation fee.**

Signature