Sky Canyon Dental
39040 Sky Canyon Drive, Suite 107
Murrieta, CA 92563

Our commitment is to provide quality dental care to the entire family through exceptional service and the utilization of advanced technology.

Financial Options and Office Policies

Methods of Payment

1. Cash, Check
2. Credit card (Visa, American Express, MasterCard, and Discover)
3. Dental Insurance (described below)
4. Health Care Credit Line (Capital One Financing) application available

Dental Insurance

1. We are pleased you have dental insurance and our office will assist you in utilizing the maximum benefits specified in your contract. However, your insurance contract is between you, your employer, and the insurance company.

2. As a courtesy to you, we will file insurance claims on your behalf and we ask that your estimated co-payment and deductible be paid at the time of service.

3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will cover. Please be advised that there is **no guarantee** of payment by the insurance company and any unpaid balance that is not covered by your insurance is your responsibility.

Office Policies

1. Returned checks will be charged a **fee of $25 per check**, and balances older than 30 days may be charged additional collection fees and interest charges of 1.5% per month (18% annual). These additional fees will be applied to the unpaid balance at the end of the month.

2. In the event that the account is not paid and we refer the account to collection, you will be responsible for all fees incurred for collection of your bill, i.e. attorney fees, court costs, and collection agency fees.

3. Your appointment time has been reserved exclusively for you. Any change in your appointment affects many patients. **24-hour notice is needed to avoid a charge of $75.00.** Please initial _____

4. We ask that parents/guardians of patients under the age of 18 remain in the office for the entire duration of the treatment.

Name: (please print) _____

Signature: _____ Date: _____

Witness: _____ Date: _____