

James L. Bialk, D.D.S., S.C. 121 Wolf Run, Ste. 3, Mukwonago, WI 53149 (262)363-4016

We would like to welcome you, your family, and friends to our practice. Our practice continues to grow with referrals from our patients. We strive to meet the goals and needs of all our patients and encourage any questions you may have regarding our fees, treatments, insurance and financial policy. In order for us to better serve you, we need all patients to complete our information and insurance forms before being treated.

PATIENTS WITHOUT INSURANCE: Full payment is due at the time of services, unless previous arrangements have been made. Senior Citizens (65 and up) receive a 10% senior courtesy on all procedures when paid in full at time of service. Anyone who pays in full at time of service by cash or check will receive a 5% discount. Our office accepts cash, checks, MasterCard and Visa.

INSURANCE: As a service to you, we will submit all insurance claims to your insurance company. Your insurance is a contract between you and your insurance company, we are not a party to that contract. Insurance questions should be directed towards your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, “usual and customary” charges, etc... We reserve the right not to become involved in any disputes regarding insurance payments. After your insurance has paid their portion of the charges, the patients portion, or co-payments, must be paid in full within 30 days.

Account balances over 30 days are subject to finance charges of 1.5% per month.

CHILDREN: In case of divorce or separation where the child’s parent who has dental insurance is not present, the parent seeking treatment is responsible for the full amount that day. We will assist the parent in filling out dental insurance forms for reimbursement from the policy holder’s insurance. Divorce decrees are so varied in who is responsible for what, that we cannot do split billings.

MISSED APPOINTMENTS: Unless canceled at least 24 hours in advance, our policy is to charge a full charge of \$12.50 per 15-minute time slot. Please help us serve you better by keeping scheduled appointments.

RELEASE OF DENTAL INFORMATION AND X-RAYS: Our office requires a release form to be signed before any information or x-rays are given out. There is a charge for duplicating x-rays.

We reserve the right to contact our collection attorney for services not paid within 60 days from the date of service.

Thank you for reading and understanding our financial policy, please let us know if you have any questions or concerns.

I have read the FINANCIAL POLICY. I understand and agree to this policy,

SIGNATURE _____ DATE _____