

## FINANCIAL POLICY

### Appointments

When an appointment is made it is a valuable time that the doctors and our staff has specifically reserved for you. We make every effort to honor our mutual time commitments and request that you extend the same courtesy. If you are unable to keep an appointment during the week, please notify us **at least 24 hours in advance** (*for Saturday appointments we require a 48 hour notification*). We understand emergencies can happen causing a missed appointment; therefore please notify us immediately so we can reschedule your appointment. In addition, we do reserve the right to charge a fee of \$30.00 for those who miss any appointments with a **24 hour notice** (*48 hour notification for Saturdays*).

### Dental Insurance

Many of our patients have dental insurance. Your dental insurance policy is an agreement between **you and your insurance company**. We are only a third party to this agreement.

OUR OFFICE: As a courtesy, our office will prepare and file your dental insurance claim. We make every effort to work with your insurance company. Ultimately the insurance company determines what they cover when the claim is received.

INSURANCE COMPANIES: Please remember no insurance company attempts to cover all dental costs. Some pay fixed allowances, many pay a percentage of the charge, and others downgrade to a more “cost effective” fee for their company.

YOU: It is **your responsibility** to be completely familiar with your insurance plan benefits, limitations, maximums, deductibles, and provisions. You are to pay the deductible amounts, estimated portions, and balances not covered by your insurance company **at the time treatment is rendered**. If we do not receive payment from your insurance company within 45 days from the date of service, we require that you pay the balance immediately.

### Payment Methods

We take pride in the services that we provide for each and every patient. We build a sound relationship with our patients. This relationship also encompasses a financial relationship. For your convenience we accept **Visa, MasterCard, Discover, American Express, personal checks, money orders, and cash** as payment. We also offer **Care Credit** for extensive treatment.

In rare instances, we have to handle NSF or “bounced” checks. We will charge \$30 in addition to the amount of the check. This amount will be due in **cash or money order** within **30 days** of the incurred charges. If such delinquency is not handled by said time legal action will be taken pursuant to Illinois law and Civil Liability for Deceptive Practices (Chap. 39, 17-1a). Unfortunately, we will be unable to accept any checks from the same patient(s) after such occurrence.

### Transfers

For any patient moving that wish to transfer their files, there is a \$10 fee in which to copy your recent x-rays and your records per patient. (\$25 for a family of 3 or more).

I acknowledge I have read and understand the **Financial Policy**.

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Signature

Date