



OFFICE FINANCIAL & APPOINTMENT POLICY

Thank you for including us in a very important decision in your life – your dental health needs. We appreciate the opportunity to serve you. Please take a moment and review our financial and appointment policies.

If you have dental insurance, please provide us with your insurance card or claim form. We will submit your claim to your dental insurance company, **as a courtesy to you**, and this is not a guarantee of benefits or payment. You are responsible for any deductibles or co-pays at the time of service. We allow six weeks for payment, if we have not received payment from your insurance by then, it is then your responsibility to contact your insurance company to resolve any outstanding claims.

If you do not have dental insurance, payment in full, is due at the time of service unless prior financial arrangements have been made. **We accept cash, personal checks, money orders, Visa, MasterCard, Discover, American Express and Care Credit.**

We offer forms of financing as a courtesy to our patients and are happy to set up a payment plan to meet your individual needs. Payment arrangements must be made **prior to treatment**. PLEASE ASK!

Statements are mailed monthly. Accounts with balance over 90 days will be assessed a 1.5% finance charge. Please contact our office immediately if you have any questions about your bill.

Accounts over 90 days past due will be considered for collection and can affect your overall credit rating. Should your account be turned over to our collection agency; a collection fee will be added to your balance. This fee is typically 30% of the balance sent to the collection agency. You are responsible for any and all collection and legal fees required to settle the outstanding balances.

A \$100 fee will be charged for missed appointments and cancellations with less than 48 hour notice.

I have read and understand the GLENBARD FAMILY DENTAL financial and appointment policy. I understand that payment of my account is my responsibility. I understand that I am responsible for any and all fees that may be incurred in the collection of overdue balances of my account.

Print Name: _____

Date: _____

Address: _____

Signature: _____