

Office Financial Information

Affiliated Dentists

214 N. Main St. Pontiac, IL 61764

Welcome to our dental office! We are happy to have you as our patient and look forward to offering you and your family the finest dental care available. We know that providing complete comprehensive dental services includes discussing all treatment and financial information.

Before treatment is performed, we will discuss treatment and financial options. This will allow you to fully understand your dental treatment, what to anticipate in fees and allow you time to make the necessary financial arrangements.

Payment is due at the time services are rendered. For your convenience we accept Visa, MasterCard, American Express, Discover, and CareCredit.

Insurance benefits are determined by your employer, not your dentist. We are happy to file your claim for you. Insurance is not a guarantee of payment; it often does not cover all the costs involved in treatment. Once insurance has paid their portion billing will be sent accordingly.

Appointments are reserved exclusively for you. We ask that all patients give a 24-hour notice for any cancellations or rescheduling needed for their upcoming appointment(s). We understand things do arise and you cannot always keep appointments. For any missed appointments there will be a \$25 charge to your account (not billable to insurance).

The undersigned also agree (s) to pay all collection fees incurred, in an amount not to exceed fifty percent (50%) of the unpaid balance, should any unpaid balance be referred to a collection agency, in addition, should any unpaid balance due be referred to an attorney for litigation, all reasonable attorney fees and court costs shall be paid for by the undersigned as allowed by the Court.

Separated or divorced parents of minors, who are responsible for one half of the cost of a child's/children's dental care: The parent who brings the child in to the dental appointment is responsible for paying the co-payment or full fee.

I have read and understand this financial policy.

Printed Name

Signature

Date