

South Suburban Dental and Sleep Center
2320 Walnut Street
Blue Island, IL 60406

Our Financial Policy

Thank you for choosing us for your dental needs. We are committed to providing you with excellent care, and successful financial arrangements are part of successful, predictable treatment results. Successful financial arrangements are based on an open and honest discussion of recommended treatment options, respective fees and or patient's financial capabilities. Please read and sign the following:

Payment

Payment in full for your **estimated** insurance co-payment is due at the time your visit, unless other arrangements have been made with the Business Administrator. Please be prepared to pay. We accept the following forms of payment:

- Cash, Check, Debit, Visa, MasterCard, Discover, and American Express
- We offer financing with Care Credit
- We offer monthly payment plans through automatic deductions

Insurance

Our office is committed to helping out patients maximize their benefits. Dental insurance is becoming extremely complex. We are always available to attempt to answer your questions. Nevertheless, your insurance policy is a contract between you and your insurance company. As a dental provider, we are not party to that agreement. **Your patient portion must be paid at the time of service.** As a service to our patients, if you bring in all your insurance information, we will bill your insurance company. If you can not provide us with necessary insurance information, payments in full is expected and you will need to bill your insurance for reimbursement. The quality of insurance policies varies greatly, **therefore we can only estimate your coverage in good faith**, but can not provide any guaranteed coverage due to the complexities of the insurance contracts.

Minors

Payments for services of the treatment of minors is the responsibility of the adult accompanying that minor.

Service Fees

Once an appointment has been made, please remember that this time has been reserved specifically for you. If you will be late or unable to attend a scheduled appointment, please call us. We will be glad to reschedule your appointment. **To avoid any missed appointment or cancellation fees, we require 24 hours notice.** If you miss a scheduled appointment or fail to notify us in advance, a \$40.00 missed appointment fee will be charged to your account. **When scheduling an appointment for oral/periodontal surgery,** our office will assess a fee not to exceed 15% of the scheduled amount if the patient does not provide a minimum 24 hour cancellation notice. This fee covers drugs drawn, materials and scheduled assistants time.

Returned and Stop Payment Checks

We charge a \$35 fee for returned checks which you are responsible for.

Collection Fees

Fees incurred to collect payment will be billed to and payable by the patient's account holder.

Financial Consent

This patient agrees to be fully responsible for total payments of treatment performed in this office. I understand and agree to this Financial Policy and Agreement.

Signature of patient/responsible Party Printed name of patient/responsible party Date

Signature on File

I authorize release of any information related to this claim or any insurance information. I understand that I am responsible for all dental treatment not covered by my insurance and failure to remit payment can and will result in forwarding my account to collections.

Patient/responsible party (please print)

Date

I authorize payment directly to South Suburban Dental and Sleep Center for the group benefits otherwise payable to me.