GLEN ELLYN SMILES

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FINANCIAL POLICY

Thank you for choosing us as your dental health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we ask you to read and sign prior to any treatment.

FULL PAYMENT IS DUE AT TIME OF SERVICE. WE ACCEPT CASH, CHECK, CARE CREDIT, DISCOVER, MASTERCARD AND VISA.

Insurance
We are happy to file your insurance claim with your dental insurer. Please note that your insurance policy is a contract between you and the insurance company and plans differ within each company. We are not a party to that contract. While we can give you an estimate on what your dental insurer may pay, the insurer makes the final determination when your claim is processed. **In the event that we do accept assignment of benefits, we require that you pay your portion at the time of service.** If your insurance company has not paid your account in full within 35 days, the balance will automatically transfer to your portion of the account and will be due immediately. Please be aware that some and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under your insurance benefit plan.

Missed Appointments
Unless canceled at least **48 hours in advance**, our policy is to charge for missed appointments at the rate of $75 per hour appointment. This charge is the sole responsibility of the patient and will not be billed to the insurance carrier or any other third party.

Finance Charge
For any unpaid balance a Statement of Account will be sent and payment is expected within 14 days. A finance charge of 1.5% per month will be added to all account balances 30 days or more past due.

I have read, understand and agree to this Financial Policy.

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Signature of Patient, Parent or Guardian Date: