

Dentistry In Oak Park - Office Policy

Appointment Policy

Your appointment times are reserved exclusively for you. Out of respect to you and your busy schedule we reserve this specific time for your or your child's care, and we make any effort to see you at the appointment time. If you need to change your appointment, we ask that you give us at least 48 hours notice, so that we may make this time slot available to another patient. A missed appointment fee of \$100 will be applied to your account with no-show or less than 24 hours notice of cancellation. We realize that unexpected things can happen, but ask you for your assistance with this regard. Repeated failure to keep your appointments without notice may result in our office discontinuing treatment for you.

Financial Policy

Payment for professional services is due at the time dental treatment is provided. We accept cash, Interac and credit card payments. It is our policy to make financial arrangements before any treatment starts, and we will not alter financial arrangements once treatment has been started, please ask our front desk staff for details.

Estimate for required treatment will be provided at the time of your consultation appointment, please note that estimates may require additional diagnostic x-rays.

Appliances: cost of appliance must be paid on the day digital scan / impressions are taken, this is necessary as our office must pay the dental laboratory fees when appliance is ordered.

For new patient emergency visits we require full payment at the time of the appointment.

Parent or guardian who brings the child to our office is responsible for payment of all charges regardless of what divorce or custody arrangement may state, reimbursements must be made between the divorced parents, our office will not intervene.

Dental Benefits

The type of plan chosen by you and your employer determines your insurance benefits. Your insurance is contract between you and your insurer/employer. Our office has no say in selection of your insurance carrier; we have no control over the terms of your contract, the method of reimbursement or determination of your insurance benefits.

Pre-determination: we will assist you in estimating your coverage by sending pre-treatment estimate to your insurance(s) for determination of your benefits, and you decide if you wish to proceed with the proposed dental treatment before or after your dental insurance benefit is determined. If insurance benefits are assigned to the office, you will be responsible for paying your deductible and co-payments at the time of treatment. You are responsible for paying all charges not covered by your insurance company, including all fees considered above your insurance company fee schedule. Upon receiving a payment from your insurance, we will contact you if there is any unpaid balance, and we expect you to clear your balance within 30 days.

We are not responsible for how your insurance company handles its claims, if the claim is not paid by your insurance carrier within 60 (sixty) days, you will be responsible for full balance and further insurance appeal becomes your responsibility. We will be glad to send you a refund once your insurance pays us.

Accounts with unpaid balances over 120 days are referred to the third party for collection.

Authorization

I have read, understand and accept the above policies and agree to the terms set forth regarding payment. I understand that the above policies apply to all individuals under my account.

Name – please print

Patient / Guardian Signature

Date