Glen Ellyn Dentistry

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(630) 942-0727 (630) 942-0136

Patient Financial Policy

Welcome to our office! These financial policies are followed by our practice so that we can stay focused on what we do best--providing you with personalized, comprehensive dental care services. Thank you in advance for your cooperation.

For Patients with Dental Insurance Coverage

The majority of our patients have some type of dental insurance. Our office will assist you in completing the necessary forms to take advantage of these benefits.

Most insurance plans **are not** designed to pay the entire fee. Many policies have deductibles and co-payment clauses that limit their liability. Therefore, we require that the estimated portion not covered by the insurance be paid at the time each treatment is rendered. Payment for service may be made by cash, check, Visa, MasterCard, Discover, American Express or Capital One Financing. If it is necessary or requested, we will be happy to submit a pre-authorization to clarify your insurance coverage. Fees quoted for treatment will remain in effect for 90 days and thereafter are subject to change without notice. In the event clinical conditions warrant a modification in treatment, you will be notified of the modification and the associated fees prior to proceeding with the modified treatment.

For Patients With No Dental Insurance Coverage

You may choose between the following options of payments:

- Payment in full by cash, check, Visa, MasterCard, Discover, American Express or Capital One Financing.
- You will receive a 5% discount if you pay in full with cash or check, and the balance is over the amount of $300.00 on the date of service (excluding special promotions).
- Payment plans are available in the form of Capital One Financing. We would be happy to answer any questions you may have about this service.

To all Patients

All accounts are due upon receipt. There will be a 1.75% finance charge per month (equivalent to 21% annually) to all unpaid accounts after 60 days. If the account is not paid in full within 120 days of the day services are delivered, the practice may, among other remedies, refer the collection of the unpaid amounts to a collection agency or collections attorney. In such case, you will be responsible for any and all fees and expenses of the collection agency or collection attorney relating to the collection of the unpaid amounts.

If a check provided by you to the practice in payment for services delivered is returned due to insufficient funds or otherwise there will be a return check fee charged to you.

Children under the age 18 **MAY NOT** be left unaccompanied during the appointment time. If anyone besides the parent is to bring the child, we MUST have written permission to treat the child. If your child is dropped off we will not be able to treat them that day.

Confirmations are a courtesy to our patients. It is your responsibility to make all scheduled appointments. There will be a $50.00 charge to patients who cancel or fail to keep an appointment without a 24 hour notice to the office during office hours.

I have read and understand the above policy and fully intend to stand by financial policies by signing below.

Patient/Guardian Name (Please Print):______________________________________

Patient/Guardian Signature:____

Date:_____________________________