La Grange Dental Associates

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Financial Policy

To all patients:

It is customary to pay for services at the time services are rendered. If you are covered by an insurance plan, we will be happy to file the claims for you; however, the responsibility for payment will remain with you. Please be informed/advised that your insurance is a contract between you and your insurance company not a contract with our office. Should you have any questions, please contact your insurance company or your H.R. department at work. On each visit you will be required to pay your portion, i.e., if you have 80% coverage of $93.00 then your portion would be 20% or $18.60 after your deductible has been satisfied. Your insurance company may or may not pay more or less on your dental claim. **You are responsible for the part not covered by insurance.** We will wait for 30 days for the balance of payment by your insurance company, after which time the amount will be due in full. In order to get credit for insurance, you must supply us with complete information about your coverage including any necessary forms, subscriber number, date of birth, and group numbers.

As a service, we mail monthly statements to each patient with insurance, to keep you informed as to the date and the amount of insurance payments posted to your account.

Thank you for selecting us for your dental needs. Our goal is to make your visits as pleasant as possible. If you have any questions or suggestions, please feel free to call our office at any time.

I agree to pay reasonable attorney's fees, court costs and collection cost incurred by this office in collection and enforcement of debt.

We charge a fee of $50.00 per hour for any appointment cancelled with less than 24 hours' notice. This fee must be paid before we schedule your next appointment. Three failed appointments will result in discharge from the practice.

By signing this statement you are agreeing to all terms listed above.

Patient Signature: _____ Date: _____

Responsible Party (if patient is a minor): _____