

# NORTHWEST CHICAGO DENTAL ASSOCIATES, LLC.

5408 N. MILWAUKEE AVE.

CHICAGO, IL 60630

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## Appointment Policy

Our appointments are scheduled to respect your time. We reserve a specific time for your care, and we make every effort to see you at that time. We appreciate your promptness and consideration in not changing your scheduled time. However, if you do need to change an appointment, a **24-hour notice is expected**. This courtesy on your part will allow us to make this time available to another patient. If an appointment is missed without any given notice, **we will charge you the amount of \$50.00**; however if an appointment is missed three times without any given notice we will be unable to continue your treatment.

## Financial Policy

Fees for dental services are expected at time of treatment. For treatment which requires multiple appointments (for example, crown, bridge, or denture work), 50% of the treatment cost is expected at the first appointment. For your convenience, we accept credit cards and personal checks. Individual financial arrangements can be made through our in-office financing partner Citi Bank.

## Dental Insurance

We are glad to assist you in obtaining the maximum benefit from your dental insurance plan. Once your plan coverage has been verified, we will accept assignment of payment from your insurance company. **Most plans only cover a portion of the dental fee, which means you will be responsible for your deductible and the estimated co-payment. Your co-payment is expected at the time of service.** Please be aware that we will base co-pay on benefit information we receive from your insurance carrier. This is not guarantee of payment, only estimation; therefore you may still receive statement from our office for any remaining balance. Because you have the contract with the insurance company, it is your responsibility to contact them regarding any unpaid claims. For your convenience, our office will file insurance claims on your behalf. However, any claims that remain outstanding after 90 days, will become your responsibility, and a finance charge will be applied to any balance due. Payments will be expected on any such claims, and no further attempt will be made by our office to collect from the insurance company in this event.

**Please speak with us if you have questions regarding this policy.**

**I HAVE READ, UNDERSTAND THE ABOVE POLICY, AND AGREE TO ITS TERMS**

Signature \_\_\_\_\_ Date \_\_\_\_\_