

FAMILY DENTAL CENTER  
908 Waukegan Road  
GLENVIEW, IL 60025  
847-998-1281

## **OFFICE FINANCIAL POLICY**

Our office is committed to providing quality care for all of our patients. We charge what is usual and customary for our area.

**We accept** VISA, MASTERCARD and cash as forms of payment. Interest free financing is also available to those who qualify. Personal checks are only accepted from long established patients.

If you have dental benefits, please provide us with your insurance card. As a courtesy, we file primary and secondary claims for our patients. Please note you will be asked for your estimated portion at each visit.

We ask that you realize that we do NOT work for an insurance company. Rather we work 100% for our patients. We feel that insurance can be a great benefit for many patients and want you to know we will do everything in our power to ensure you get every benefit allotted in our insurance contract.

The treatment we recommend and the fees we charge **WILL ALWAYS BE BASED ON YOUR INDIVIDUAL NEEDS, NOT YOUR INSURANCE COVERAGE.**

**Patients who cancel within 24 hours of their appointment time will be charged \$100. Patients who no-call/ no-show for their dental appointment will be charged \$150.**

Your signature below confirms that you read, understood and agree to this financial policy. I understand that if collection action should become necessary for recovery of any monies due under this contract, I agree to pay any and all collection costs of up to 40%, court costs, and reasonable attorney fees.

\_\_\_\_\_  
Signature of Patient/ Responsible Party

\_\_\_\_\_  
Date

### **ACKNOWLEDGEMENT FORM FOR THE NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have been shown a copy of the Family Dental Center's Notice of Privacy Practices and may request a copy at any time.

Printed Name \_\_\_\_\_

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

The Family Dental Center routinely leaves appointment reminder messages on patients' voice mail and email. Do you accept this? YES  NO