



## SMILES OF LOMBARD - FINANCIAL POLICY

We are proud to be a part of a team whose primary mission is to deliver the finest and most comprehensive health care available today. In addition, we are also dedicated to making top quality care as cost effective as possible. To promote a long term mutually satisfying relationship, we would like to explain our office policy regarding payment options, insurances, appointments and fees.

**PAYMENT OPTIONS:** Payment for service is due at the time that services are rendered. When insurance applies we will collect any deductible and/or estimated co-payment at the time of service. We accept cash, check, Visa, MasterCard and Discover. In addition, we offer financing through Care Credit and Lending Club for those requiring payment plans.

**INSURANCE:** We will gladly discuss your proposed treatment, answer any questions relating to your insurance and provide you with an ESTIMATE of what your insurance company will pay towards your treatment. Our office can make no guarantee of the actual payment by your insurance company. Filing of insurance claims is a courtesy we extend to our patients. You must realize; however, that your insurance is a contract between you, your employer and your insurance company. You are FULLY RESPONSIBLE for the charges for the treatment rendered.

### Primary Insurance Information:

Primary Insurance Company: \_\_\_\_\_ Subscriber: \_\_\_\_\_

Subscriber's DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_ ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

### Secondary Insurance Information:

Primary Insurance Company: \_\_\_\_\_ Subscriber: \_\_\_\_\_

Subscriber's DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_ ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

**MISSED APPOINTMENTS:** Appointments are made on a per appointment basis and this time is reserved exclusively for you. As a courtesy, we attempt to remind you of your appointment by calling you, sending emails and/or texts to those patients who have signed up for these options; however, it is ultimately the patient's responsibility to keep their scheduled appointments.

When you fail to notify us of your inability to keep your appointment, another patient in need of dentistry is unable to receive treatment. We require that you give us at least 24 hours' notice when you realize that you cannot keep your scheduled appointment. A fee of \$50 will be charged for all missed and short notice (less than 24-hour notice) cancelled appointments. After hours, our office has a 24-hour answering service that allows you to speak directly to someone.

***Your signature below acknowledges that you received this form and you fully understand all of our policies.***

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date