



Dentistry for beautiful smiles

## **OFFICE FINANCIAL POLICY**

IN AN EFFORT TO MAKE DENTAL SERVICES MORE AFFORDABLE, WE HAVE INITIATED A PLAN TO ENCOURAGE IMMEDIATE PAYMENT OF DENTAL FEES. THIS PLAN HELPS REDUCE BOTH YOUR COST OF SERVICES AND OUR OVERHEAD, WITHOUT DIMINISHING THE QUALITY OF DENTAL SERVICE.

1. **PATIENTS** ARE REQUIRED TO PAY IN **FULL** AT THE TIME OF TREATMENT, UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE IN ADVANCE. IN RETURN, THE OFFICE WILL PROMPTLY SUBMIT INSURANCE CLAIMS AND NECESSARY DOCUMENTATION ON BEHALF OF THE PATIENT.
2. A DEPOSIT OF ONE-HALF THE ESTIMATED FEE FOR ALL SERVICES REQUIRING LABORATORY PRESCRIPTION IS PAYABLE IN ADVANCE.
3. A 50% DEPOSIT THAT INCLUDES A 20% NON-REFUNDABLE DEPOSIT WILL BE REQUIRED FOR ALL APPOINTMENTS GREATER THAN TWO HOURS.
4. PAYMENT IN FULL FOR ALL SERVICES RENDERED IS EXPECTED UPON COMPLETION OF SERVICE.
5. A 1.5% PER MONTH BOOKKEEPING CHARGE WILL BE ADDED TO OUTSTANDING BALANCES DUE ON THE ACCOUNT.
6. IF FOR ANY REASON A CHECK IS RETURNED WITHOUT PAYMENT, A **\$30.00** SERVICE CHARGE WILL BE ISSUED. STATE LAW (IL. REV. STAT. 1984 SUPP., CH. 38, PAR 17-1A) PROVIDES THAT IF YOUR CHECK BOUNCES, YOU COULD BE LIABLE FOR:
  - A. THE AMOUNT OF THE CHECK PLUS
  - B. 3 TIMES THE AMOUNT OF THE CHECK (NOT LESS THAN \$100 AND NOT MORE THAN \$500) PLUS
  - C. ATTORNEY'S FEES AND COURT COSTS.

BAD CHECK WRITERS ALSO FACE CRIMINAL PENALTIES.

7. FOR YOUR CONVENIENCE WE ACCEPT VISA/MASTERCARD, DISCOVER AND AMERICAN EXPRESS, IN ADDITION TO CASH, CHECKS, & CARECREDIT.
8. **SHOULD THE PATIENT FAIL TO KEEP AN APPOINTMENT OR PROVIDE AT LEAST 2 BUSINESS DAYS** ADVANCED NOTICE, A FEE OF **\$50.00 PER HOUR** OF SCHEDULED APPOINTMENT TIME WILL BE CHARGED. THIS ALLOWS LAKE DENTAL CARE TIME TO SCHEDULE OTHER PATIENTS WAITING FOR TREATMENT. FOR FRIDAY APPOINTMENTS, THE FEE CHARGED WILL BE \$100.00 PER SCHEDULED APPOINTMENT HOUR AND THE REQUIRED NOTIFICATION PERIOD IS 48 HOURS.

CHARGES FOR OFFICE VISITS AND SURGERY ARE DETERMINED BY THE TIME SPENT AND VARY WITH THE SEVERITY OR COMPLEXITY OF THE PROBLEM. A SAMPLE FEE SCHEDULE IS AVAILABLE BY TELEPHONE REQUEST. THIS POLICY IS SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION AS CIRCUMSTANCES MAY CHANGE. LAKE DENTAL CARE RESERVES THE RIGHT, AT ANY TIME, TO MODIFY, REBIND OR SUPPLEMENT ANY OR ALL OF THE POLICIES NOTED ABOVE. PLEASE DO NOT HESITATE TO ASK IF YOU HAVE ANY QUESTIONS.

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_