



GRAND DENTAL
ASSOCIATES
FARNSWORTH
DENTAL GROUP
CHANNAHON
FAMILY DENTISTRY
COURTVIEW
FAMILY DENTISTRY

Financial Policy

We are committed to providing you and your family with the best possible dental care. If you have dental insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

Insurance: We will be happy to process your claims for reimbursement. If we accept assignment for your benefits, you will only be required to pay your estimated co-pay and deductible, or percentage as stated by your insurance company. Payment for your estimated patient portion is expected on the day of service and is payable by Visa, MasterCard, Discover, American Express, Care Credit, check or cash.

We will gladly discuss your proposed treatment and answer any questions we can relating to your insurance benefits. However, you must realize:

- Your insurance is a contract between you, your employer and the insurance company. We are not a party to your contract.
- Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. All policies are different. We have no way of knowing about all of the clauses, limitations and restrictions that may be included in your policy.
- We can not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary benefits, their "usual & customary" maximums, or any other matter related to benefit determination and payments. We will supply factual information regarding services rendered in our office; your carrier will determine benefits.

We must emphasize that as a dental provider, our relationship is with you, the patient, and not your insurance company. While the filing of claims is a courtesy we extend to all of our patients, all fees for services are your responsibility from the date services are rendered. It is to be understood that any amounts not paid by insurance are your responsibility and all charges are due in full within 90 days from the date of service even if insurance benefits are pending.

No Shows and Late Cancellations: We require 48 hours notice for any appointment changes. If you cancel or reschedule without a 48-hour notice, you will be considered a NO SHOW for that visit. **Each patient is allowed one NO SHOW without penalty.** Subsequent NO SHOW appointments will result in a \$68 missed appointment fee being added to your account. *NO SHOW fees are due immediately.* If you are charged for more than one NO SHOW appointment within a year, you will be required to pay a 50% deposit (with a credit card) in order to reserve an appointment. The deposit will be applied to the treatment scheduled or forfeited if the appointment is missed; deposits are non-refundable.

Minors: The parent(s) or guardian(s) must accompany a minor for the first visit to our office.

We realize temporary financial problems may affect timely payments on your account. If problems do arise, we encourage you to contact our office promptly for assistance in the management of your account.

Grand Dental Associates
10020 West Grand Ave.
Franklin Park, IL 60131
tel 847.455.8383
fax 847.455.1265

Farnsworth Dental Group
1780 North Farnsworth Ave.
Aurora, IL 60505
tel 630.898.3610
fax 630.898.6362

Channahon Family Dentistry
25206 West Reed St.
P.O. Box 635
Channahon, IL 60410
tel 815.467.1111
fax 815.467.5999

Court View Family Dentistry
134 West State St.
Sycamore, IL 60178
tel 815.895.4571
fax 815.895.2356

Patient Name (printed)

Date

Responsible Party Name (printed)

Relationship to patient

Signature of Patient or Responsible Party

___GDA ___FDG ___CFD ___SCV