



## FINANCIAL POLICY

Thank you for choosing Mount Prospect Smiles as your dental healthcare provider. We are dedicated to providing the highest quality of care possible. We are also committed to providing our patients clear and straightforward information regarding their financial responsibilities. The following is a statement of our Financial Terms that we require you to read and sign before treatment.

**Patients without Insurance Coverage:** Full payment is due at the time of service unless alternative financial arrangements have been made with Mount Prospect Smiles in advance and in writing. For your convenience, we accept cash, personal checks and all major credit cards.

**Insurance Patients:** We request that any co-payments, deductibles, and any services not covered by your insurance plan be paid at the time the service is provided. As a courtesy to you, we will submit all insurance claims and supporting documents to your insurance company. Please remember, it is still your responsibility to alert us of any changes in your insurance coverage. Please bring your insurance card and all pertinent information that will allow us to determine the benefits available to you or if there has been any changes in your benefits.

**Returned Checks:** Patients whose checks are returned from the bank due to non-sufficient funds will incur an additional fee of \$35.00

**Past Due Accounts:** Past due accounts will be referred to a collection agency. A collection fee ranging from \$25 to up to 35% of all the balance due may be added to your unpaid balance to recover costs of collections. You will also be responsible for any and all attorneys' fees, court costs and any other fees associated with the collection of your debt.

**Extended Payment Plans:** All extended payment plans are done through Care Credit, which is a third party financing company. They offer a wide variety of payment options including some interest-free payment plans. If you have any questions about applying for a Care Credit account, please speak with our Treatment Coordinator.

**Fee for Missed Appointment if 24-Hour Notice is Not Given:** To reschedule or cancel an appointment, you must notify us at least 24 hours in advance to avoid a *missed appointment fee* of \$50.00. Please understand that missed appointment times are valuable to those patients that may find it hard to come to the dentist at other times. Please help us serve you better by keeping your scheduled appointments.

If you have any questions regarding your account, please contact our office at 847-392-4270. Thank you for understanding and accepting our financial policy.

*I have read and agree to the terms of this Financial Term:*

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Signature of Responsible Party

Print Name

Date