Our Office Policy

How appointments are scheduled?

(Initial)____ The office attempts to schedule appointments at your convenience and if time is available. Appointments are reserved for each patient so we ask that notice for canceling or changing appointments be done at least 48 hrs in advance. We do realize unexpected things can happen so we ask for your assistance in this matter.

(Initial)____ We reserve the right to charge for time reserved. Any missed appointment is charged **$75.00** for a 1 hour appointment and **$100** for a 90 minute or longer appointment.

What about Finances?

(Initial)____ Payment is due at the time dental treatment is provided. We accept Cash, Personal Checks, Debit Cards, Money Orders and the following Credit Cards: Visa, Mastercard, Discover and Care Credit.

Our policy regarding Dental Benefits/Insurance-

(Initial)____ If we receive all of your Dental Benefits/Insurance information on the day of your appointment, we will be happy to file your claim for you. If we do not receive all of the insurance information the patient will need to pay in full the day of services.

If you are not familiar with your dental benefits, we encourage you to talk to your companies Human Resource Coordinator to help you better understand your policy.

NO INSURANCE COMPANY PAYS EVERYTHING AT 100%-

- We will be collecting your deductible, if one applies and the percentage which your plan states that they DO NOT cover on the day of your scheduled appointment.
- Remember your benefits are determined by your insurance company, not us.
- Insurance Companies may pay a lesser amount than what are office charges for a specific procedure, in cases like these the patient is ultimately responsible for whatever is leftover.
- Monthly statements will be sent out when there is an unpaid balance.
- If your insurance company has not paid our office within 30 days of service, the patient is ultimately responsible.

(Initial)____ Please understand that we file your Dental Benefits/Insurance as a courtesy to the patient. We DO NOT have a contract with your insurance company only you do. Therefore, the responsibility of any unpaid fees lies with the patient.

Notices and Patient Communication-

(Initial)____ You expressly consent to be contacted, by West Side Family Dentistry, Ltd or anyone calling on its behalf, for any and all purposes, at any telephone number, or physical or electronic address you proved or which you may be reached, including any wireless telephone number. You agree that West Side Family Dentistry may contact you in any way, including calls or prerecorded or artificial voice or text messages delivered by an automatic emailing system. You expressly acknowledge that this consent cannot be revoked without prior agreement and acceptance by us. You agree to promptly notify us at any time your contact information changes.

Returned Check Policy-

(Initial)____ Returned checks are subject to a $35.00 service fee. Any returned check will need to be resolved before any future appointments can be scheduled. Checks written with non-sufficient funds are a crime punishable by the States Attorney.

Minors-

(Initial)____ Children under the age of 18 must be accompanied by their parent or legal guardian. The parent bringing the child to the office for treatment is ultimately the individual we will hold financially responsible for payment.

Office Hours-

Monday	10 a.m-7 p.m.
Tuesday	8 a.m.-5 p.m.
Wednesday	8 a.m.-5 p.m.
Thursday	8 a.m.-5 p.m.
Fridays	9 a.m.-1 p.m.

We are closed on weekends and on major holidays.

You can call during office hours at 815-539-7004 or after hours we have an answering machine which you can leave a message so that we can return your call the next business day. If you have an emergency please contact the number listed on the message and a call will be returned as soon as possible.

Thank you for choosing us for your dental treatment and oral health needs. We are committed to providing you with the best possible care. Your understanding of our office policy is important to our professional relationship.

I HAVE READ AND I DO FULLY UNDERSTAND THIS POLICY AND WHAT MY OBLIGATION IS AND I WILL BE BOUND BY ITS TERMS.

_____ _____

Signature Date