

Morton Grove Dental Associates
9133 Waukegan Road
Morton Grove, IL 60053
847-470-0001

Financial and Cancellation Policy

Payment Options:

Payment is due at the time of service, including any deductibles or co-payments. We accept the following forms of payment:

1. **Cash/Checks/Money Orders**
2. **Credit Cards**—Visa, MasterCard, Discover, and American Express
3. **Care-Credit**—offers a separate line of credit to cover your entire family’s health care needs
(Please ask the office staff for more information)

Insurance Billing:

Insurance billing is a **courtesy** to our patients. If you have dental insurance coverage, we will gladly file your insurance claims. However, **insurance is not a guaranteed form of payment.**

We will accept payment from insurance companies with the following stipulations:

- **You are expected to pay any estimated co-payment**, which is your portion of the charges not covered by the insurance company, and any **non-covered services** at the time of your visit. You will also be required to cover any deductible. **These charges are due at the time of service.**
- We expect **payment in full within 60 days** for services billed to insurance. **You will be completely responsible for your account** should there be any problems or delays with the insurance company. If we receive a payment from your insurance company after your balance has been paid, we will issue you a refund. **It is your responsibility** to contact your insurance company if a claim is denied, paid at a lower rate than you expected, or if it has not been paid within 60 days. It is **also your responsibility to understand your dental insurance benefits.** You can call your insurance company or refer to your plan booklet for this information. We are not responsible for knowing what your insurance pays for services we are providing for you. If we have made an error we will gladly resubmit a corrected claim.

Overdue Accounts:

Accounts with balances over 90 days (unless other payment arrangements have been made) will be turned over to LBK Collection Services. We have a payment plan option through Care Credit if you wish to make use of this. Once an account has been referred for collection, the doctor-patient relationship is considered terminated. Your records will be referred to a dentist of your choice.

No Shows & Cancellations of Scheduled Appointments:

We incur the cost of dedicated providers and staff to provide scheduled appointments. We reserve the right to charge a fee for “**no-show**” appointments and **appointments canceled with less than 24 hours notice**. A failure to present at the time of a scheduled appointment will be recorded in the patient’s chart as a “Failed Appointment”. An appointment that is cancelled with less than 24 hours notice is recorded in the patient’s chart as a “Late Cancel”. We understand that there are legitimate reasons for a missed appointment, however, if three (3) such events occur in your chart we may ask you to find a new provider.

The charges will be as follows:

1st time: Warning – no charge
2nd time: \$50.00-\$75.00 charge
3rd time: Discharge from office

I have read and understand the above financial policy of Morton Grove Dental Associates. I authorize and request my insurance company to pay directly to the dentist the insurance benefits otherwise payable to me. I authorize the doctor to release all information necessary to secure the payment of benefits. I understand that I am financially responsible for all charges whether or not paid by my insurance. I authorize the use of this signature on all insurance submissions.

Signature of Patient or Responsible Party

Date

Printed Name