

**WATERTOWER DENTAL LTD.
845 N. MICHIGAN AVE., STE. 955W
CHICAGO, IL 60611
(312) 654-1220**

FINANCIAL POLICY

APPOINTMENTS

We do attempt to confirm appointments 24-48 hours in advance, however it is your responsibility to keep scheduled appointments. If you are unavailable when we attempt to confirm your appointment, it may be necessary to leave a message with an answering device, e-mail or an individual other than yourself. If this is a concern, please let us know.

Unless cancelled 24 hours in advance, our policy is to charge \$50 for missed appointments. For missed appointments of 2 hours or more in length the charge is \$50 per hour. Please help us to serve you better by keeping scheduled appointments.

PAYMENT FOR SERVICES

We strive to provide the finest quality care at reasonable fees. In order to accomplish this we request the following:

For patients with dental insurance, payment of all deductibles, plus a minimum of ½ of the estimated portion of the fees not covered by insurance is required at the time of service. All remaining balances are then to be paid within 60 days, regardless of insurance coverage.

For patients who do not have insurance with balances more than \$300.00, a minimum of 1/3 of the total fee is due at the time of service, with all remaining balances paid within 60 days.

If arrangements for payment are needed past 60 days from the time of service, an interest charge of 1.5% per month (18% APR) will be assessed.

For your convenience we accept CASH, CHECK, VISA, MASTERCARD, DISCOVER and AMERICAN EXPRESS.

In addition to the principal amount owed, I also agree to pay 30% of the unpaid balance if my account is turned over to a collection agency or attorney in an effect to collect any outstanding balance. This may include, but is not limited to, filing fees, court costs, collection agency fees and attorney fees.

INSURANCE

As a courtesy to you, we will process your insurance claims at no additional charge. We are considered an out of network (non-participating) office which may effect your benefits. Insurance is a contract between you and your insurance company. We are NOT a party to this contract. We will NOT become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, "usual and customary" charges, etc., other than to supply factual information as necessary.

We realize that temporary financial problems may effect timely payment of your account. If you encounter difficulty in adhering to the terms of this agreement, we encourage you to contact us promptly for assistance in the management of your account. If you have any questions regarding our financial policy, please do not hesitate to ask us. We are here to help you.

Accepted: _____ Date: _____

Signature

Print name