

Artistic Dental Centre

15445 South Park Ave
South Holland, IL 60473
708-339-6800
fax 708-339-5567

Office Financial Agreement Policy

- I agree to make any payments of deductible and/or co-pays at the time of service, or make a down payment for any dental treatment that requires a deductible and/or co-pay.
- I understand that if my insurance does not pay, or pays less than approximated, that I will be responsible to pay for the difference.
- If after receiving a statement, no payment or arrangements are made within 10 days either a 1.5% service charge will be added to the account, or the account will be referred to collection.
- If an account is referred to collection, the responsible party will be liable for any collection agency fees or attorney fees that are incurred.
- If a check is returned NSF there will be a \$25 overdraft fee added and will no longer be able to write checks.
- If an appointment is failed or cancelled with less than 24hrs. notice there will be a \$20 charge per 20 min. of appointment time (amount subject to change without notice). For example a 40 min appt would have a \$40 failed fee, a 30 min. appt \$20.

Additional Office Policies

- The patient is the only person allowed in the treatment room.
- No cell phone use in the waiting room or treatment room.
- No food allowed in the waiting room or treatment room.
- Because of limited seating in the waiting room, either only the patient if an adult or parent/guardian/driver and minor patient are allowed in the waiting room. Please refrain from bringing other children or adults if they do not have an appointment.

I have read, understand, and agree to this office policy.

X _____ Date _____