

**LOCKPORT DENTAL GROUP
230 E. 8TH ST., SUITE #C
LOCKPORT, IL 60441**

FINANCIAL POLICY

Our goal is to provide the highest possible quality of dental care and to have clear communication of our financial policy.

ALL ACCOUNTS ARE PAYABLE AT TIME OF SERVICE. If a procedure requires multiple appointments, a down payment will likely be required at the first appointment.

Payment options:

1. Cash
2. Check
3. Credit/debit card: MasterCard, Visa, Discover, American Express

Patient with insurance: The patient is responsible for any non-covered portions, procedures and/or deductibles after insurance has paid for the visit. Every attempt will be made to recover payment from the insurance company, but the patient is ultimately responsible for any non-covered balance.

Patient with discount plan: Payment is expected in full at the time of service. No alternate arrangements (recurring payments, etc.) are contractually permitted.

Patient without insurance: Payment is expected in full at the time of service. Patients are welcome to inquire about recurring payments, etc., but there is NO guarantee that such arrangements will be made.

Parents with children: Patients are responsible for their children's expenses. Parents not accompanying their children to appointments must make prior arrangements for payment.

1.5% monthly interest is charged for any unpaid balance after 3 months' time.

There is a \$25.00 processing charge for insufficient funds or returned checks.

Records may be viewed upon request. There may be a nominal charge for copying of records and/or x-rays for release.

I, _____, understand and agree to this policy.

Signature _____ Date _____