



Financial Policy

Naper Dental Center
300 E. 5th Ave. Suite 400
Naperville, IL 60563

This is an agreement between Naper Dental Center and the doctor(s) it represents, as creditor, and Patient/Debtor who is named on this form.

In this agreement the words “you”, “your”, and “yours” mean the Patient/Debtor. The word “account” means the account that has been established in your name to which charges are made and payments credited. The words “we”, “us”, and “our” refer to Naper Dental Center and the doctor(s) it represents. By executing this Agreement, you are agreeing to pay for all services that are received.

Monthly Statement: If you have a balance on your account, we will send you a monthly statement. It will show separately the previous balance, any new charges to the account, the finance charge, if any, and any payments or credits applied to your account during the month.

Payments: *Unless other arrangements are approved by us in writing*, the balance on your statement is due and payable when the statement is issued, and is past due if not paid upon receipt of statement. After three billing cycles, accounts with past due balances may be sent to collections.

Missed appointments: **If you cancel or reschedule an appointment less than 48 hours before your scheduled time or fail to show for an appointment, this will constitute as a failed appointment. Therefore after 2nd failed appointment, we may schedule your next visit with a \$50 reservation fee to secure your next appointment.**

Duplication charges: If at any time you need records/xrays duplicated, your written request will be needed. There are fees associated with records/xrays duplication that must be paid prior to duplication.

Charges to account: We shall have the right to cancel your privilege to make charges against your account at any time. Future visits would then need to be paid at the time of service.

Required Payments: If you have insurance, any co-payments required by the insurance company must be paid at the time of service. Because insurance is only estimated at the time of service, you are responsible for what insurance doesn't cover. If you do not have insurance all fees are due at the time of service.

Payment options: We accept cash, check or credit cards(Visa, Mastercard, Discover, and American Express).

Patient's Name: _____

Responsible Party(if a minor): _____

Signature: _____ **Date:** _____

Co-Signature: _____ **Date:** _____