



WOODLAKE FAMILY DENTAL

2879 W 95th ST. Suite 131 Naperville, IL. 60564 630.753.9955

www.woodlakefamilydental.com

Thank you for choosing us as your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill and keeping your scheduled appointment is considered part of your treatment program. Your clear understanding of the Financial Policy and Cancellation Policy is important to our Professional relationship. Please talk to our office team if you have any questions.

Financial Policy

Full payment is due at the time of service.

Our office accepts assignment of insurance benefits. We verify eligibility and coverage for all insurances: if your insurance company is expected to pay a portion of your bill, we will wait for that portion from them. It is your responsibility to pay co-pays, deductibles, and any amount not expected from your insurance at the time treatment is provided. If you do not have insurance, or if our office does not accept assignment from your insurance company, then payment is due in full at the time of treatment.

If your insurance company has not paid the full balance within 60 days, the balance on your account will become your responsibility. Please be aware that some and perhaps all of the services provided may be non-covered services, and not considered necessary under your dental insurance. An example of such a service is tooth colored composite fillings. Many insurance only pay for metal fillings: in such a case, you will be responsible for the difference in cost.

Please remember that insurance is a contract between you and your insurance company. Our office is not a part of this contract. It is your responsibility to make sure your account is current and that your dental insurance is still effective.

Our office accepts cash, check (**with a valid ID If a check is returned for any reason, your account will be charged a \$25.00 Fee.**), Visa, MasterCard, Discover, American Express. We also accept Care Credit and Citi Health credit card. All accounts which are 90(ninety) days past due will be sent to collections, unless payment arrangements have been made with our office.

Cancellation Policy

48 hour notice is required to cancel or change a scheduled appointment. A \$50.00 charge will be assessed for appointments cancelled or failed without 48 hour notice.

We believe that the dental appointment represents a shared responsibility for both the doctor and the patient in order to have quality dental care at an affordable cost, these appointments must be kept.

in the event that you need to change a scheduled appointment, our office requires 48 hour notification. If an appointment is not kept or is changed within 48 hours, future appointments will only be held if you contact our office to confirm those appointments. If you fail to confirm your appointments, our office reserves the right to cancel your appointment or those of your family members. After two missed appointments, we will no longer be able to reserve appointment time for you in advance.

Thank you for understanding our Financial Policy and Cancellation Policy.

I have read the above and fully understand the terms stated above.

Signature (Parent or Guardian if patient is a minor)

Date