



Dear Patient,

At Winnetka Dental Group, we are committed to providing our patients with the highest quality dental care with compassion and understanding. We take pride in providing the best dental solution possible to treat your personal situation. Our goal is to achieve a standard of excellence in personalized service for our patients. Please review the following financial policies.

Payment Policies & Options

***mark X or initial after reading.**

Payment is due at the time services are rendered if you do not have insurance. We accept cash, check, Mastercard, Visa, Discover & CareCredit (charges over \$1000.00).

One half payment is required at the time of service for any lab processed work. Longer proposed treatment may have varied payment plans.

For Insured Patients, We are not affiliated with any insurance company. Benefits received at our office would be considered "Out of Network Benefits." Your dental benefits are based upon a contract between your *employer* and your *insurance company*. If you have questions regarding your dental benefits please contact your employer or insurance company directly. Dental benefit plans never pay for completion of your dental care. It is only meant to assist you. Some insurance companies arbitrarily select certain services they will not cover. If you would like to know your insurance benefit, we will be happy to file a "pre-treatment authorization" with your insurance company prior to treatment. Keep in mind this is not a guarantee of coverage and is *only an estimate*.

Our office bills insurance as a courtesy to our patients. If your insurance does not pay within 90 days, Winnetka Dental Group reserves the right to request payment in full for services. The patient will then collect funds from the insurance that are due. This is a rare occurrence but important for the patient to recognize that the insurance you have is a legal contract between you and your insurance company. The patient is responsible for all charges incurred in our office.

Insured Patients with Delta Dental (or similar plans.) Payment is due at the time services are rendered. We will be happy to file a claim as a courtesy to our patients with Delta Dental so you can be reimbursed for your visit.

Divorced parents will not be billed separately. The parent who brings a child to an appointment is responsible for all fees incurred during each visit. As painful as a divorce is for all parties involved, our office cannot become involved in these situations.

Any NSF returned checks will be assessed a \$50 fee.

I agree to pay all costs of collection (if necessary).

Cancellation Policy

No Show appointments or failure to notify our office 24 hours in advance of a cancellation will result in a \$200 charge per hour with Dr. Czarkowski and \$50 for a hygiene (cleaning appointment) to cover the costs of the time lost. Please be considerate of other patients and our staff and call us if you have to miss your appointment. These charges will be automatically charged to your Credit Card.

I agree to the above financial policy of Winnetka Dental Group.

Print Name: _____ Date: _____

Patient Signature: _____

Credit Card & exp. (MC/Visa/Disc) _____