

Schall Family Dental, Inc

112 East Washington St Monticello, Il. 61856 217-762-4366

WRITTEN FINANCIAL and OFFICE POLICIES

Schall Family Dental, Inc. requires payment at the time the service is provided.

For plans requiring multiple appointments, a pay as you go arrangement may be provided.

For patients with DENTAL INSURANCE, we are happy to work with your carrier to maximize your benefits and directly bill them and wait for reimbursement. * You would be responsible for the amount we estimate to NOT be covered at this time. Please remember that we estimate the amount your insurance will pay so an additional charge could be applied to your account after we receive payment from them.

PAYMENT OPTIONS

You may choose from:

- Cash, Check, Visa, MasterCard, American Express or Discover Card
- Convenient Monthly Payment Options ** from CareCredit Healthcare Credit Card
 - Allows you to pay over time
 - No annual fees or pre-pay penalties
 - Interest free if paid within the option chosen

LATE CHARGES

If you do not pay the balance within 25 days of the monthly billing date, a late charge of 1.5% will be assessed each month. Failure to keep this account current may result in us being unable to provide additional services for you or your family members. If your account is not paid in full and this account is turned over to a collection agency , then you agree to be responsible for all reasonable fees necessary for the collection of the delinquent account including, but not limited to, collection agency fee of 50% of the balance due .

ADDITIONAL INFORMATION

A fee of \$20 is charged for patients who miss or cancel 2 times in a 3 year period without a 24-hour notice. Showing up late for an appointment may be considered a miss as well. \$30 for more than 3 times and they then become a pre-pay for their future appointments. We have the right to dismiss ANY patient who misses 2 or more appointments within a three year period.

Our office charges \$25 for returned checks.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

Please Sign with signature

Date

Please Print signature from above

* However, if we do not receive payment from your insurance carrier within 120 days and we are not a preferred provider, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.

** Subject to credit approval