



OUR FINANCIAL POLICY:

Payment in full is due when services are rendered unless other arrangements have been made. We offer several options of payment for the services we provide: Cash, Check, Visa, and MasterCard. Since we believe that your health should not be compromised because of a lack of immediately available funds or insurance benefits, we also provide payment plans through Care Credit and Springstone Financial. These two companies allow our patients, who qualify; the opportunity to spread out the cost of treatment into small monthly payments. Any patients who would like to take advantage of this convenient option for payment needs simply to fill out an application. Please note that there is a 5% application processing fee we charge for this service.

USUAL & CUSTOMARY FEES:

We are committed to providing excellent dental treatment to all of our patients. Our fees and services reflect our commitment to the quality our patients deserve and expect when visiting a dental practice, and are not guided by arbitrary determinations by the insurance companies.

INSURANCE:

As a courtesy to our patients, we will bill your insurance company as our office is committed to helping you maximize your benefits. **HOWEVER, YOUR INSURANCE POLICY IS A CONTRACT BETWEEN YOUR INSURANCE COMPANY AND YOURSELF.** As a health care provider, we are not party to your agreement with your insurance. **INSURANCE POLICIES VARY AND SERVICES PROVIDED MAY NOT BE COVERED. THE BALANCE IS YOUR RESPONSIBILITY WHETHER YOUR INSURANCE PAYS OR NOT.**

MISSED APPOINTMENT:

One of the ways we keep our fees more affordable is by avoiding missed appointments. Although we understand that occasionally our patients will need to reschedule their appointments, please notify us 48 hours prior to your appointment to avoid a fee of \$25.00 for every half hour scheduled. It is our office policy that we will not offer you another appointment after three missed appointments.

RETURNED CHECKS:

We will charge \$50.00 for all returned checks. All fees incurred to collect payments will be payable by the patient.

INDEPENDENT CONTRACTOR:

All dentists are independent contractors. For dental services provided by independent contractors, I agree not to hold Jc Dental Dream Consulting LLC / Peoria Healthy Smiles and its affiliates responsible for their dental care and release Jc Dental Dream Consulting LLC / Peoria Healthy Smiles from any liability for any injury or harm to me caused by an independent contractor dentist or his agent.

CHILDREN UNDER 18:

We require all children under the age of 18 to be accompanied by a parent or legal guardian. During the time the patient is in the office, we request the parent/guardian stay in the office as treatment may change or questions may arise that only the parent/guardian can answer. The patient registration form must be signed by the parent or legal guardian accompanying the minor at the first appointment. That guarantor ultimately bears the legal responsibility for payment. We are unable to know the financial responsibilities of divorced parents. We will look to the adult accompanying the minor for payment.

I understand and agree that I am personally responsible for all fees, regardless of insurance coverage. I agree to pay any attorney fees, collection fees, or any cost that may occur to satisfy my financial obligation for the dental treatment provided to me and my family by Peoria Healthy Smiles and any dentist contracted, at Jc Dental Dream Consulting LLC / Peoria Healthy Smiles. I hereby authorize any of the doctors to proceed with and perform the dental treatments as explained to me. I understand that dentistry is not an exact science; therefore, reputable practitioners cannot guarantee results. I understand and agree to the financial-office policy above.

X _____
Signature of Patient or Responsible Party Date