



1500 Waukegan Road • Suite 225 • Glenview, IL 60025  
Info@dymedental.com • www.dymedental.com • (847) 657-0535

## FINANCIAL POLICY

Thank you for choosing Dyme Dental! In our practice, we strive to provide the highest quality care at a reasonable cost. Our fees are based on the quality materials we use and the time, effort and skill required in performing your needed treatment. We charge what is the usual and customary for our area. We will assist you with your benefit eligibility before treatment to help you calculate your costs and maximize your insurance. We will be sensitive to your financial circumstances and do everything possible to help you achieve oral health. To avoid misunderstandings, we ask you to read and sign our financial policy prior to treatment.

- For my convenience, this office may release my information to my insurance company, and receive payment directly from them.
- Every effort will be made to help me with my insurance, but if they do not pay as expected, I will still be responsible.
- I will pay a fee for appointments broken without 48 hours notice.
- **Treatment plans may change, and I will be responsible for the work actually done.**
- **You are responsible for your charges:** Patients or their legal guardian are responsible for all charges incurred during treatment and must pay for services. You might have insurance or financial support from your family or others, but you remain legally responsible for your bill.
- **Payment for service:** Payment is required at the time that the service is provided. If you are not covered by insurance, payment is due in full for all charges at the time of service unless prior arrangements have been made in our office. To assist you in making treatment affordable, we have 3 payment options available including one through the healthcare financing program, CareCredit.
- **If you have insurance:** As a valued service to you, we will investigate your insurance benefits, estimate your out-of-pocket costs and file claims on your behalf.
  - *You must pay for estimated out-of-pocket expenses, such as estimated co-payments, deductibles, non-covered services or services requiring further review by your insurance carrier before treatment is initiated.*
  - *To determine the amount that might be paid by your dental insurance, we can file a written pre-treatment estimate to your dental carrier. Most carriers require 4 to 6 weeks to complete this request, so treatment will be delayed. If you receive additional dental treatment before the scheduled procedure in our office, your estimated remaining benefits could be less or non-existent.*
  - *An insurance estimate is not a guarantee that your insurance company will pay exactly as estimated. Your insurance company determines the final amount paid at the time the claim is processed.*
  - *Verification of benefits is not a guarantee of payment by the insurance company. Final determination is made by the insurance company at the time the claim is processed.*
  - *We will cooperate with your insurance company to assist with processing your claim. Please do not submit additional claims or information to the insurance company unless specifically requested.*
  - *Your insurance policy is a contract between you and your insurance company. The doctors are not part of the contract. Therefore, all charges incurred are your responsibility. You are responsible for payment whether or not your insurance company pays.*



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- **Patients with State of Illinois Insurance:** Payment in full is required at the time of service unless prior arrangements have been made with our office.
- **Patients with insurance that reimburses them:** Payment in full is required at the time of service unless prior arrangements have been made with our office.
- **Patients with Medicare:** We are not Medicare providers. Payment in full is required at the time of service unless prior arrangements have been made with our office.
- **Patients with Medicaid (public aid programs):** We are not Medicaid providers. Payment in full is required at the time of service unless prior arrangements have been made with our office.
- **Minor patients:** The parent or guardian accompanying a minor is responsible for payment of services. Regardless of insurance coverage, patients age 18 and older are responsible for payment unless a parent accompanies them to the initial appointment and signs this agreement.
- **Divorce situations:** The parent who brings the child to the initial appointment is responsible for all charges incurred during treatment, regardless of who provides insurance coverage. Our office will not become involved in payment disputes between divorced parents.
- **Returned checks:** \$30 service will be charged for returned checks. Temporary or post-dated checks are not accepted.
- **Collection fees:** If it becomes necessary for our office to use a collection service and/or legal assistance, you will be responsible for all collection/legal fees incurred.
- Payment through online portal will include a convenience fee
- **Late fees:** In the event payments are not received by 90 days from date of service, I understand that a 1.5% late charge (18% APR) may be added to my account.

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***I have read the above, understand and agree to the above terms and conditions, and I agree to be responsible for total payment of my account:***

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Patient's signature (or financially responsible person's signature)

Date

***I authorize my insurance benefits be paid directly to Dr. Michael Dyme/Dyme Dental:***

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Patient's signature (or financially responsible person's signature)

Date