

FAMILY DENTISTRY – IGOR KAMPFER, DDS, LLC
8800 LOCKWOOD, SKOKIE, IL 60077

Welcome to our practice. Our goal is to provide the highest quality of dental care possible and to have clear communication of our financial policy.

ALL ACCOUNTS ARE DUE AND PAYABLE AT TIME OF SERVICE. If a procedure requires multiple appointments, payment is required in full at the first appointment if payment plan agreement had not been approved and signed.

Payment options:

1. Cash
2. Check
3. MasterCard
4. Visa
5. Discover

Patient with insurance: The PATIENT is responsible for the ESTIMATED non-covered portion, procedures and/or deductibles at the time of the service, OR the patient can sign a credit card authorization to bill their credit card AFTER insurance has paid for the visit. If the insurance company does not pay after 60 days, we will bill you directly for the full balance.

Parents accompanying their children are financially responsible for payment.

18% annual **interest** is charged for any unpaid balance. A \$25 fee is charged for nonpayment.

There is a \$30.00 processing charge for **non-sufficient funds** or returned checks.

Records can be viewed at any time. There is a nominal charge for release or copies of records.

Because instruments, chairs, and personnel are reserved exclusively for your appointment, there is a **\$50 CHARGE FOR CHANGED OR BROKEN APPOINTMENTS LESS THAN 48 HOURS IN ADVANCE.**

I, _____, agree to these financial terms.

Signature _____ Date _____