

Franklin Park Dental

WELCOME TO FRANKLIN PARK DENTAL ASSOCIATES, LTD.

Thank you for choosing us for your dental needs. We are committed to providing you excellent care. Our office is open Monday thru Saturday. Please check with our staff regarding extended office hours.

Knowledge of Treatment:

As a patient of Franklin Park Dental, I assume the responsibility of obtaining full knowledge of the procedures necessary to provide proper dental care, the fees involved for my care and arrangements to meet my obligations will be agreed upon at my first visit.

Missed Appointments:

Please be advised that the policy of our office is to charge for missed appointments, unless they are cancelled 24 hours in advance. Once an appointment has been made, this time has been reserved specifically for you. This better enables us to serve your needs as well as other patients in need of care.

Our Financial Policy:

Payment for treatment is the responsibility of the patient/guardian and is due at the time of service. We accept cash, checks, Visa, MasterCard, Discover and Care Credit. Our percentage rate on accounts over 90 days is 2% a month or 24% annually. Patient further agrees that should Franklin Park Dental Associates need to pursue collection proceedings, you agree to reimburse us the fees of any collection agency, which will be \$13.75 and a percentage of the principal at a maximum of 35% of the debt, and all costs and expenses including reasonable attorneys' fees we incur in such collection efforts.

Insurance:

As a service to our patients, we will bill your insurance company if you provide us with all necessary information. Insurance policies vary and services provided may not be covered. Any portion not covered by insurance will be the patient/guardian's responsibility.

We are committed to providing excellent dental treatment to all of our patients. The fees reflect our commitment to the quality care patients deserve and are considered usual and customary, regardless of any insurance company's determination.

I understand and agree to this Financial Policy and Agreement.

Signature of patient/responsible party

Date

Christine E Tropinski DDS
9767 W Franklin Avenue Franklin Park, IL 60131
p: (847) 455-6663 f: (847) 455-6635
www.FranklinParkDental.com