

Amedeo and Colonna, LTD Financial Policy Statement

Your clear understanding of our practice financial policies and your patient financial responsibilities are important to our professional relationship. Payment of your bill is considered part of your treatment. Please call our office at (847) 696-2019 with any questions that you may have.

- **All patients must complete our Patient Registration Forms**
- **If you do not have insurance, payment is appreciated in full at the time of service**
- **We accept cash, check, Visa, MasterCard, and Discover credit cards**

INSURANCE INFORMATION

Our practice is only in-network with Delta Dental. We are NOT in-network with any other insurance policy, but we accept all other PPO insurance plans at the out-of-network rate. We will accept assignment of benefits and submit all of your insurance paperwork. We do not accept any HMO insurance plans, Medicare, or Medicaid. If you have a PPO dental insurance policy, please bring your ID, insurance card, and your dental benefit booklet if it is available. If a card is not available, please have all insurance information, such as your ID, provider name, address, and subscriber ID number. You will be financially responsible for any uncovered charges. Balances that remain delinquent will be sent to our collection agency.

CANCELLATION OF APPOINTMENTS

We appreciate the value of your time, and except for unusual emergency situations, you can expect us to be on time for you. Your appointment time is allocated specifically to you in order to provide you with the utmost quality care. We do not double book appointments. Your unscheduled cancellations are quite expensive for us. Please provide at least 24 hour advance notice for appointment cancellation to allow us to schedule your reserved time to another patient in need.

FINANCING AVAILABILITY

If an extensive treatment plan is necessary to complete your treatment, financing options are available through CareCredit to allow you to get the highest quality care available. Please inquire with our front desk staff if you are in need of financing. We believe quality care should be made available to everyone.

Signature of Patient

Date

Print Patient Name