

# *Smiles by Farr, Ltd.*

*Restorative and Implant Dentistry*

9744 N. IL Route 47

Huntley, IL 60142

www.smilesbyfarr.com

Office: (847) 669-2787 Fax: (847) 669-2936

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## **FINANCIAL POLICY**

Welcome and thank you for choosing Smiles by Farr for your dental care. We are committed to providing you with the highest level of care and customer service. Our professional fees have been determined through careful consideration and are reasonable and customary within our geographical area. We are pleased to discuss with you any questions you may have concerning your bill.

Payment in full is due at the time services are rendered. We accept cash, personal check, Visa, MasterCard, and Discover.

In order to achieve our goal of providing you with the best care possible, we need your assistance understanding our financial policy.

### **PAYMENT METHODS:**

- 1) Payment in full: If you do not have insurance or are having treatment done that is not covered by your insurance, you will receive a 10% discount if you pay for the treatment in full at the time of service. We offer discounts to seniors and military personnel both active and retired.
- 2) Cash/Check/Credit card (Visa/MasterCard/Discover):
- 3) Springstone Financing: We pay the interest for you on any treatment you finance with our third party financing company if you pay it off within 12 months. Financing options up to 5 years are available.

You can call in your payments to (847) 669-2787 or (847) 669-2936.

**INSURANCE:** Your insurance policy is a contract between you and your insurance company. Insurance policies vary even within the same company. As a courtesy to our patients we will submit insurance claims directly to your insurance carrier. We will assist you in determining your insurance benefits. Your estimated portion of treatment, which is due at the time of service, is the portion that we estimate your insurance not to pay. If for any reason the estimated amount that we expect from your insurance is not covered or under covered, you are responsible for the unpaid balance. Any unpaid claims older than 90 (ninety) days will become your responsibility.

**MISSED OR CANCELLED APPOINTMENT AND OTHER FEES:** If you are more than 15 minutes late for an appointment, this is considered a failed appointment. 48 hours' notice is required to cancel and/or reschedule all appointments. Failure to do so will result in a failed appointment. You will be charged \$75.00 for each missed appointment. Repeated failed appointments are not acceptable and you will be discharged from the practice.

There is a fee of \$35.00 for any returned or NSF checks to our office. All balances are due prior to any further services provided by our office.

**MINOR PATIENTS:** The patient(s) or guardian(s) accompanying a minor are responsible for providing current insurance information for the minor as well as the payment in full for services provided. In compliance with HIPAA regulations, we are unable to discuss any details of service rendered or to produce an itemized bill for any parties that are not the patient, unless otherwise documented. Both parents/legal guardian(s) are responsible for payment for services rendered to the minor patient. A copy of this financial policy and all statements will be provided to each parent.

**COLLECTIONS AND OUTSTANDING BALANCES:** The provider reserves the right to add a \$10.00 monthly statement processing fee on any account that has an unpaid balance. Any outstanding balance after 120 days of the date of service will be referred to an outside collection agency. Accounts referred to an outside collection agency or attorney will be subject to a collection fee of 33%-50%, depending on the balance, which will be added to the total balance due at the time of submission. Patients with unpaid delinquent accounts or accounts which have been sent to collections will be discharged from our practice.

**Please sign and date you read and understand this policy.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_