



A Multi- Specialty Office for All Ages
3253 S. Harlem Ave, Suite IC Berwyn, IL 60402

Financial Policy

All co-payments are due at the time services are rendered.

As a condition of your treatment by this office, financial arrangements must be made in advance. Our office accepts assignment of insurance benefits. We verify eligibility and coverage for all insurances: if your insurance company is expected to pay a portion of your bill, we will wait for that portion from them. It is your responsibility to pay co pays, deductibles, and any amount not expected from your insurance at the time treatment is provided. If your insurance company has not paid the full balance within 60 days, the balance of your account will become your responsibility. If you do not have insurance, or if our office does not accept assignment from your insurance company then payment is due in full at the time of treatment.

We are a third party administrator of your insurance carrier and are NOT responsible for how your insurance handles your claims or how benefits are assigned. We can assist in estimating the cost of your portion of treatment but cannot be responsible for any changes in your insurance policy or benefits used elsewhere. It is your responsibility to let us know if your insurance has changed, terminated or have used dental benefits elsewhere. Please remember that insurance is a contract between you and your insurance company. Our office is not a part of this contract. You are responsible for the timely payment of your account.

Our office accepts Cash, Visa, MasterCard, Discover, American Express, and Care Credit. NO CHECK PAYMENTS.

In this office we believe in providing our patients with the utmost care. This means using the best materials available in order to promote and preserve a healthy smile. We understand that your dental insurance may downgrade to amalgam (metal) fillings, however this is a mercury-free office, and the patient is responsible for any difference in cost.

X-rays and Photographs

I authorize Robles Family Dental to take any x-rays and photographs deemed necessary for the detection and diagnosis of oral diseases. I authorize the release of this and any other information to my insurance company necessary to processing my dental claim (if applicable and according to HIPPA regulations).

Cancellation Policy

If you find it impossible to keep an appointment, for consideration of other patient's needs, we ask for a 48 hour notice. Appointments canceled or missed without a 48 hour notice are subject to a missed appointment fee. We believe that the dental appointment represents a shared responsibility for both the doctor and the patient in order to have quality dental care at an affordable cost, these appointments must be kept. If an appointment is not kept or is changed within 48 hours, future appointments will only be held if you contact our office to confirm those appointments. If you fail to confirm your appointments, our office reserves the right to cancel your appointment or those of your family members. After two missed appointments, we will no longer be able to reserve appointment time for you in advance.

Thank you for understanding our Financial Policy and Cancellation Policy. I have read the above and fully understand the terms stated above.

Signature _____

Date _____