

Illini Dental Associates

Financial Policy Statement

Patient Initials: _____

If you have dental insurance, we are happy to submit the claims necessary to see that your benefits will be paid. Dr. Melin is in-network with Delta Dental Premier. Drs. Feehan & Hicks are in-network with Delta Dental Premier and Cigna/GEHA. The insurance contract is an agreement between you and the insurance company; therefore, you are responsible for ensuring that your insurance pays, whether in-network or out-of-network. We cannot guarantee that any coverage estimated by your plan will be paid once a claim is filed; therefore, you are ultimately responsible for the charges. For extensive dental work, we are happy to submit a pretreatment authorization to your insurance prior to rendering services.

Patient Initials: _____

If you do not have dental insurance, payment is expected in full as services are rendered. We are happy to offer a 10% discount (ages 59 and under) or a 15% discount (ages 60 and over) to our non-insured patients for payment in full on the same day of dental work. Other payment arrangements may be made, with 50% down on the day services are rendered, 25% of charges due 30 days later, and the final remaining 25% after 60 days. Failure to make timely payments will result in your account being sent to a collections agency, which will consequently halt dental care for you and your family.

Patient Initials: _____

Appointments that are missed without notice will be subject to a \$45 no-show fee. This fee is not billable to insurance and must be paid prior to scheduling future appointments.

We genuinely appreciate your cooperation, as it helps us ensure that we are delivering the utmost quality of care to our patients. We are happy to answer any further questions you may have.

Patient Printed Name _____ Date _____

Patient, Parent, or Guardian Signature _____ Date _____