## Lindenhurst Dental Health Group

1909 E GRAND AVE SUITE A | LINDENHURST IL, 60046 | (847) 356-0260

## **Written Financial Policy**

Thank you for choosing Lindenhurst Dental Health Group. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

## **Payment Options:**

You c	an choc	se from:
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- Cash, Visa<sup>®</sup>, MasterCard<sup>®</sup>, American Express<sup>®</sup> or Discover Card<sup>®</sup>
- CareCredit Healthcare Credit Card

## Please note:

Lindenhurst Dental Health Group requires payment at the beginning of your treatment.

We accept payment in thirds for treatments over \$600.00 only when an auto-charge credit card authorization form is completed, signed and dated.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment, (see note 1) however your estimated co-payment is due in full at the time of service.

A fee of \$50.00 is charged for patients who miss or cancel more than 1 time in a calendar year without 24hour notice.

Lindenhurst Dental Health Group charges \$25.00 for returned checks.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

Patient, Parent or Guardian Signature	Date	
Patient Name (Please Print)		

1.) However, if we do not receive payment from your insurance carrier within 60 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.