

DENTAL PAYMENT POLICIES OF  
DR. RONALD S. BENEDETTI, D.D.S. & DR MICHAEL G. HOFFMAN, D.D.S.

NEW PATIENTS: Payment is expected in full at time of first appointment.

WITH DENTAL INSURANCE

Unless you intend to pay in full on each visit you must sign below. Some insurance companies require an original form for each visit.

Routine Cleaning and Periodic Exams: valid insurance form accepted in place of payment on day of service, (not including treatment of gum disease), if, we can verify your insurance at or before your visit. (Remember, we are unable to contact insurance companies on evenings and Saturdays.)

- Emergency Services: Payment in full is due at time of services.
- Fillings: 25% of the total fee plus remaining deductible is due at the time of service.
- Oral Surgery, Periodontics (gum disease) and Endodontics (root canals): 50% of total fee plus remaining deductible is due at the time of service.
- Crowns, Bridges, Removable Partial and Full Dentures: with pre-authorization, 50% of the total fee plus remaining deductible is due to begin work. Without pre-authorization, 50% to start with balance due upon completion.

If the patients' insurance does not remit payment within 60 days or is invalid at the time of service, the balance becomes due in full from the patient or responsible party for the account.

**I agree to be responsible for all charges not paid by my dental plan. I authorize release of information needed to submit claims to my insurance co. X**

**I authorize payment of dental benefits, otherwise payable to me, to the above named dentists.X**

WITHOUT DENTAL INSURANCE

- Routine Cleaning and Exam: Payment in full is due at the time of service.
- Emergency Services: Payment in full is due at the time of service.
- Fillings, Oral Surgery, and Periodontics (gum disease): Payment in full is due at the time of service.
- Endodontics (root canals): 50% is due to begin work with the balance due upon completion.
- Crowns, Bridges, Removable Partial and Full Dentures: 50% is due to begin work with the balance due upon completion.

FOR ALL PATIENTS

- Patients with overdue balances may not schedule further appointments until it is brought up to date.
- Any credit balances will be refunded to the patient within 30 days upon request.
- A \$25 service charge will be applied for all returned checks and the balance becomes due in full.
- A collector fee of up to one third of the total balance will be added to accounts turned over to an outside collection agency. I also agree to pay for all additional associated costs if my account is turned over to a collection agency or attorney and to release any information I have supplied this office in an effect to collect any outstanding balance. This may include, but is not limited to, filing fees, court costs, collection agency fees and attorney fees.
- A 1.5 % per month finance charge will be applied to all balances carried over 30 days.
- Monthly payments are only offered through *Care Credit*, fees are due at the time of service.
- Payments may be made by cash, check, MasterCard, Visa or Care Credit.
- Patients with Delta Dental of IL, State of IL, employees of the State of IL, or Compdent Group #950 insurance will follow "Without Dental Insurance" policies, payment is due at time of service. We will file your claim for you.

IT IS YOUR RESPONSIBILITY TO CAREFULLY READ AND UNDERSTAND THE PAYMENT POLICIES. IF YOU HAVE QUESTIONS, PLEASE FEEL FREE TO ASK US.

**X**

Signature of patient or person responsible for payment

Date