Financial Policy

Patients with insurance: We will accept assignment of benefits. Most insurance plans **do not** cover all of the cost of treatment. You are **expected to pay** your deductible and your portion of the estimated charges the day the services are rendered. We will estimate as closely as possible your coverage, but until we actually receive payment from the insurance company, it is just an estimate. We will help you as much as we can with your insurance company, but the ultimate responsibility of any balances lies with you.

All patients are expected to pay by Cash, Check or Credit Card(we accept Visa, Mastercard, American Express and Discover)**the day the services are rendered,** unless Care Credit interest-free financing arrangements have been made.

All accounts with a ***balance over 30 days*** will/can be assessed a $25.00 late fee and interest, unless other written arrangements have been made. In addition, any accounts sent to the collection agency or attorney will have an “administration fee” of 50% of the outstanding balance plus all court costs and attorney fees.

Please see Emmy or Nadia if you have any questions regarding your bill.

Sincerely,

Tania Tompkins DDS

I understand and agree to the above financial policy.

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Responsible Party Signature Date

Pauly & Tompkins Family Dental Group

1940 W. Galena Blvd. Ste. 10

Aurora, IL. 60506

(630)892-8933