

James D. Rohan, DDS, P. C.
Kevin D. Dow, DDS
30 N. Michigan Avenue
Suite 1506
Chicago, Il 60602
312-372-4845

OFFICE POLICY

FINANCIAL

Full payment is required at the time of service. We accept cash, personal checks, Visa, MasterCard, and American Express.

Payment arrangements may be available through a consultation with our financial coordinator. On larger treatment plans arrangements may be available through a financial service company. No interest will be charged for this extended credit; however, a \$5.00 carrying charge will be applied if payments are received after the due date.

INSURANCE

For patients with insurance benefits, we require the estimated patient portion of the fee be paid at the time of service. If the insurance portion for that fee is not received within 45 days we will notify you and the benefit payment will be assigned to you. If the account is not paid in full within 60 days, a \$5.00 per month carrying charge will be applied to your account. **Insurance coverage is an estimate and you the patient are responsible for all amounts not covered by your insurance carrier.**

CANCELLATIONS

We understand that emergencies come up in all our lives; however, because a failed appointment hurts not only our office but also our other patients there will be a fee of **\$50.00** when a patient fails to keep an appointment or provide at least **48 business hours** of advance notice. This notice will give us a chance to offer that time to another patient which maybe convenient for them.

Thank you for your cooperation!!

I have read and understand the above policy and fully intent to stand by any financial arrangements made with this office.

X
Signature of Patient, Parent or Guardian

Date

