



# Northside Dental

FAMILY, COSMETIC, AND IMPLANT DENTISTRY

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## Patient Financial Guidelines

Welcome to our office! We are pleased that you have chosen us as your dental health care provider. We are committed to providing you with the best possible care. In order to achieve these goals, we need your assistance and understanding of our payment guidelines.

### **Dental Insurance:**

You will be happy to learn that we are in-network providers for many PPO insurance plans. However, please note that dental insurance is a contract between you, your employer and the insurance carrier. We will submit your claims to and receive direct payment from your insurance carrier for their portion of your service. At the time of your visit, we will estimate (as accurately as possible) any copay and/or coinsurance and **payment will be due at the time of service and collected as such**. Any discrepancies will be corrected by sending you a statement or a refund check for the difference.

If there is a problem with your insurance coverage we will attempt to help you navigate the situation, but the responsibility for payment ultimately lies with the patient. Treatment diagnosed is not based on insurance coverage but on dental needs. If your insurance denies coverage of your treatment, you are solely liable for the fees. We take pride in the quality of care we offer our patients and make every effort to have your visits with us be as comfortable as possible.

### **Payments:**

1. We accept payment for services in cash, check, MasterCard, Visa, Discover, and American Express.
2. We are happy to discuss costs prior to treatment
3. Fees quoted are guaranteed for 90 days. In the event that clinical conditions warrant different treatment, you will be notified of any changes of fees prior to proceeding with any procedure.
4. As a courtesy to our patients we can help you arrange extended financing for larger treatment plans.
5. A \$45.00 fee will be charged for all returned checks.

### **Appointments:**

If you are not able to keep a scheduled appointment we need at least **two business days** notice to allow us to offer that time to another patient. Appointments cancelled with less than 48 hours notice will be subject to a \$50 cancellation fee.

Thank you for reviewing our financial guidelines. We make every effort to explain your costs to you in order to avoid misunderstandings so that we can focus on your dental health. If you have any questions, please ask. We are here to serve you.

I have read, understand and agree to abide by this policy. I have been given the opportunity to receive a copy of this statement.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_