

FINANCIAL POLICY

Richard B. Di Verde, D.D.S.
30 N. Michigan Ave, Suite 1405
Chicago, IL 60602
312-263-7822

The following is to inform you of our office policies:

- **CANCELLED OR BROKEN APPOINTMENTS:**

There is a \$50 charge for cancelled or broken appointments without 24 hours notice. Your appointment time is set aside only for you. It is difficult to fill open appointments with short notice and it is unfair to another patient who could have taken that appointment time.

Signature: _____

- **INSURANCE PAYMENTS:**

Your policy is a contract between you and your insurance company. We are not a party to that contract. The estimate provided by this office is considered as a guideline until the final insurance payment is received. This office can make no guarantee of the insurance payments as estimated. Claims are submitted promptly after treatment is rendered.

Our office will file insurance for ALL PPO insurance companies. It will be your responsibility to know your plan maximum, coverage and limitations. Please remember that you are responsible for all deductible, co-pay and non-covered service amounts. It is not unusual, after the patient and insurance company have paid, for there to be either a balance or a credit. If there is a balance, **YOU ARE RESPONSIBLE FOR THE FULL AMOUNT.**

Signature: _____

- **NON-INSURANCE PATIENTS:**

Please make payment in full upon completion of each visit or inquire about our Patient Payment Options.

Signature: _____

- **STATEMENT OF ACCOUNTS:**

Accounts are due and payable upon receipt of statement provided such statement is issued after receipt of an insurance company determination. An interest charge of 1.5% per month or an annual rate of 18% per annum will be added to amounts 30 days past due. There is a \$25 fee for any returned checks. Forms of payment can be made with cash, money order, checks, Visa, MasterCard and Discover. Delinquent accounts will be automatically turned over outside billing firm.

Signature: _____