



SHANAHAN & CHEUNG DDS, PC

"Where general dentistry becomes individualized"

# OFFICE POLICIES

3941 75<sup>th</sup> St #103  
Aurora, IL 60504  
(630)375-8380

www.ShanahanCheungDDS.com

## INSURANCE

### PLEASE PROVIDE CURRENT INSURANCE

*As a courtesy we will file any traditional or PPO dental plan (one per patient)*

- \* If insurance cannot be verified by staff, patient will be considered self-pay and payment due at time of service.
- \* Your insurance policy is a contract between you, your employer, and/or your insurance company. We are not a party in the contract. Knowing policy coverage details are the patient's responsibility, but we will assist whenever we can.
- \* We are happy to submit Insurance pre-treatment estimates upon request.

## OVER DUE BALANCES

### 30+ DAYS PAST DUE BALANCES SUBJECT TO 1.5% MONTHLY SERVICE FEE

- \* Payments not received by the billing due date will incur a **late fee** of \$10 and **finance charge** (18% annual).
- \* Accounts requiring multiple billing statements prior to receiving payment due **will require a credit/debit card number to be held on account for future balance billing**. Alternative option is for payment in full at time of service with insurance remitting directly to patient.
- \* Continued delinquency may lead to dismissal.
- \* If an account is forced into collection action, the patient agrees to pay all costs involved with collection, including agency and attorney fees, court costs, and accrued interest and late charges.

## MINORS

- \* Minor patients must be accompanied by a parent or guardian during operative treatment. Please inquire with front desk staff if a variation may be needed.
- \* Due to safety concerns, children are not allowed in treatment rooms while their guardian is receiving care.
- \* Minors placed on an account will NOT be removed from the acct (regardless of age/insurance) unless requested by the guarantor PRIOR to services rendered.

**I HAVE READ AND ACCEPT THE TERMS AND CONDITIONS OF THE OFFICE POLICIES:**

## PAYMENT POLICY

### FULL PAYMENT IS DUE AT TIME OF SERVICE

*If you have dental insurance, your estimated patient portion may be required at time of service.*

- \* We require the insured's social security number if we will be carrying **any** balances on account, including pending insurance. Alternative option is for payment in full at time of service with payment from insurance to be directed to the insured.
- \* Any remaining balance after insurance has paid their portion will receive a billing statement.

### PAYMENT IN FULL IS EXPECTED WITHIN 20 DAYS OF THE 1<sup>ST</sup> BILLING DATE

- \* We accept cash, personal check, debit card, VISA, MasterCard, Discover, and American Express.
- \* No-interest financing may be available through CareCredit. For more information see our admin team.

## SCHEDULING

### 1 FULL BUSINESS DAY NOTICE REQUIRED IF YOU WILL NOT BE ABLE TO KEEP AN APPT

*We respect your time and ask for the same in return*

- \* Longer appointments (90+ mins) require 2 business day notice.
- \* Failure to provide required notice may result in a \$60 per hour Failed Appt fee.
- \* Multiple missed appointments within a year per family may lead to practice dismissal.

## EMERGENCIES

### DURING OFFICE HOURS:

If you have an urgent problem, please call our office immediately so we may see you as soon as possible.

### AFTER HOURS / WEEKEND:

Patients of record with true dental emergencies after regular business hours, which cannot wait until the next business day, should call our office and follow the voicemail instructions. We will do our best to return a call or text promptly whenever possible.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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