26th Street Dental Center
3936 W. 26th Street
773-542-1916
26thdental@gmail.com

OFFICE POLICIES

Thank you for choosing 26th Street Dental Center. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patient's as possible by offering several payment options. We appreciate having you as a patient and look forward to serving you now and for many years to come!

Payment Options: Our office accepts all major credit cards as well as checks under $500. We offer a 5% courtesy discount to patient's who pay for their treatment in full prior to services being rendered (treatment plans over $500). 26th Street Dental Center also participates in lending programs to extend interest-free credit to qualified applicants for certain procedures. A 10% deposit may be required to reserve an appointment for larger more comprehensive treatment plans, which is typically over $500.

Guarantee of Payment/Assignment of Insurance Benefits: Unless otherwise stated, I understand that fees are due for any services rendered on the date of service. I authorize payment for services rendered to me to be made directly to this office for benefits otherwise payable to me. These payments shall not exceed the regular charges for this period of treatment. I also understand that I am responsible to pay any charges not covered through my insurance benefits, including but not limited to non-covered services, applicable deductible and/or co-insurances as defined by my policy(ies), or, any fees for services in the event that I do not have insurance coverage.

Completion of Treatment: In the event that I elect to receive treatments such as crowns, dentures, root canals, bridges, implants and other treatment that requires me to return for future visits to finalize, I understand that I am responsible to return to the office to complete treatment. These types of treatments typically require 26th Street Dental Center to incur lab, equipment and labor costs up front. In the event that I do not return to complete the treatment, I understand that I am still responsible to pay the full cost of the treatment.

Broken/Cancelled Appointments: We are very appreciative of patients who arrive on time for their scheduled appointments. In the event you need to cancel or reschedule an appointment, we request notice at least 48 hours in advance of the appointment. As a courtesy, our office may contact you via email or phone to remind you of the appointment(s). While certain emergencies and other issues may be taken into consideration, 26th Street Dental reserves the right to apply a fee of $50 for failure to provide adequate notice. This may also void any discounts offered to you.

Past Due Balances & Collection Services: 26th Street Dental Center makes an effort to provide all patients with education and information regarding proposed and completed treatment as well as the costs associated, in order for each patient to make an informed decision regarding their treatment. In the event that I do not pay outstanding balance(s), I understand that a 12% interest rate will be applied to any past due balances on my account(s). I also understand that should my past due balance be referred to an attorney or collection agency, I will be financially responsible for any additional costs incurred such as attorney fees, collection agency fees, court costs, etc. A $25 fee will be applied to your account for checks that have been returned due to insufficient funds/stop payment.

Patient Dismissal: Our practice takes pride in our dentistry and in the relationships with our patients who believe in quality care. Cooperation is a key element to successful treatment. 26th Street Dental Center reserves the right to dismiss patients in the interest of customer service and quality care for all patients. 26th Street Dental Center will be happy to transfer patient records to another provider at the request and approval for any patients who are dismissed.

I agree to abide by the policies listed above. I understand that if I have any questions about these policies, I may request assistance and further explanation at any time from a 26th Street Dental Center staff member.

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PATIENT NAME DATE

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PATIENT/RESPONSIBLE PARTY SIGNATURE